#### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 1 of 58

| Fill in this information to identify your case: |                               |                                    |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                    |
| CENTRAL DISTRICT OF CALIFORNIA                  | 2                             |                                    |
| Case number (if known)                          | Chapter you are filing under: |                                    |
|   | Chapter 7                     |                                    |
|   | ☐ Chapter 11                  |                                    |
|   | ☐ Chapter 12                  |                                    |
|   | ☐ Chapter 13                  | Check if this is an amended filing |

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

06/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| It Identify Yourself  |  |  |
|---|--|--|
|   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| our full name   |  |  |
| Write the name that is on   | Michael  |  |
| picture identification (for example, your driver's license or passport).  | First name   | First name   |
|   | Scott Middle name  | Middle name  |
| Bring your picture  |  | Wildle Halle   |
| dentification to your   | Last name and Suffix (Sr., Jr., II, III)   | Last name and Suffix (Sr., Jr., II, III)   |
|   |  |  |
| All other names you have used in the last 8 years   |  |  |
| nclude your married or<br>naiden names.   |  |  |
| Only the last 4 digits of<br>your Social Security<br>number or federal<br>ndividual Taxpayer<br>dentification number<br>ITIN) | xxx-xx-1797  |  |
|   | Voir full name  Vrite the name that is on your government-issued picture identification (for example, your driver's idense or passport).  Bring your picture dentification to your neeting with the trustee.  All other names you have used in the last 8 years include your married or naiden names.  Only the last 4 digits of your Social Security number or federal individual Taxpayer dentification number | About Debtor 1:  // our full name  Write the name that is on your government-issued bicture identification (for example, your driver's identification to your picture dentification to your neeting with the trustee.  Shields  Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years include your married or naiden names.  Only the last 4 digits of your Social Security jumber or federal individual Taxpayer dentification number  About Debtor 1:  Michael  First name  Scott  Middle name  Shields  Last name and Suffix (Sr., Jr., II, III)  XXX-XX-1797 |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 2 of 58

Debtor 1 Michael Scott Shields Case number (if known)

|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|--|---|---|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ☐ I have not used any business name or EINs.  FAW Eco Nuts, Inc.  Business name(s)  EIN   | ☐ I have not used any business name or EINs.  Business name(s)  EIN   |
| Where you live   | 409 N. Pacific Coast Hwy. #469<br>Redondo Beach, CA 90277   | If Debtor 2 lives at a different address:   |
|  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |
|  | Los Angeles   | County  |
|  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |
|  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |
| Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |
|  | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names  Where you live  Why you are choosing this district to file for   | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names  ### Hospital State                       |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 3 of 58

| Deb | tor 1 Michael Scott Shie  | elds  |                               |   |  | Case number (if known)  |  |
|-----|---|---|-------------------------------|---|--|---|--|
|     |   |   |                               |   |  |   |  |
| Par | Tell the Court About  | our B   | ankruptcy Ca                  | se  |  |   |  |
| 7.  | The chapter of the<br>Bankruptcy Code you are   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                               |   |  |   |  |
|     | choosing to file under  | ■ C   | hapter 7                      |   |  |   |  |
|     |   | □с  | hapter 11                     |   |  |   |  |
|     |   | □с  | hapter 12                     |   |  |   |  |
|     |   | □с  | hapter 13                     |   |  |   |  |
|     |   |   |                               |   |  |   |  |
| 8.  | How you will pay the fee  |   | about how yo                  | pay the entire fee when I file my petition. Please check with the clerk's office in your local court how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's . If your attorney is submitting your payment on your behalf, your attorney may pay with a credit captions of the property address. |  |   |  |
|     |   |   |                               |   |  | ption, sign and attach the Application for Individuals to Pay   |  |
|     |   |   |                               | e in Installments (Official F<br>t my fee be waived (You  | - Constitution of the Cons | otion only if you are filing for Chapter 7. By law, a judge may,  |  |
|     |   | Ц   | but is not requapplies to you | uired to, waive your fee, ar<br>ur family size and you are u  | nd may do so only if<br>unable to pay the fe   | f your income is less than 150% of the official poverty line that ee in installments). If you choose this option, you must fill out Official Form 103B) and file it with your petition. |  |
|     |   |   |                               |   |  |   |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ■ No  |                               |   |  |   |  |
|     | last o years:   | ш 16  | District                      |   | When   | Case number   |  |
|     |   |   | District                      |   |  | Case number   |  |
|     |   |   | District                      |   | When   | Case number   |  |
|     |   |   |                               |   |  |   |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No  | )                             |   |  |   |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye  | 98.                           |   |  |   |  |
|     |   |   | Debtor                        | <u> </u>  |  | Relationship to you   |  |
|     |   |   | District                      |   | When   | Case number, if known   |  |
|     |   |   | Debtor                        |   | W00004-2   | Relationship to you   |  |
|     |   |   | District                      |   | When   | Case number, if known   |  |
| 11. | Do you rent your  |   | Go to li                      | ne 12.  |  |   |  |
|     | residence?  | ■ Ye  | es. Has yo                    | ur landlord obtained an ev  | iction judgment aga  | ninst you?  |  |
|     |   |   |                               | No. Go to line 12.  |  |   |  |
|     |   |   |                               | Yes. Fill out <i>Initial Stateme</i> bankruptcy petition.   | ent About an Evictio   | on Judgment Against You (Form 101A) and file it with this   |  |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 4 of 58

| Deb  | otor 1 Michael Scott Shi  | elds                 |   |   | Case number (if known)  |
|------|---|----------------------|---|---|---|
|      |   |                      |   |   |   |
| Par  | t 3: Report About Any Bu  | ısinesses            | You Ow  | n as a Sole Proprieto   | or  |
| 12.  | Are you a sole proprietor<br>of any full- or part-time<br>business?   | ■ No.                | Go to   | Part 4.   |   |
|      |   | ☐ Yes.               | Name  | e and location of busin   | ness  |
|      | A sole proprietorship is a  |                      |   |   |   |
|      | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC.   |                      |   | e of business, if any   |   |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                      | Numl  | ber, Street, City, State  | e & ZIP Code  |
|      | it to this petition.  |                      | Chec  | k the appropriate box   | to describe your business:  |
|      |   |                      |   | Health Care Busine  | ess (as defined in 11 U.S.C. § 101(27A))  |
|      |   |                      |   | Single Asset Real F   | Estate (as defined in 11 U.S.C. § 101(51B))   |
|      |   |                      |   | Stockbroker (as de  | fined in 11 U.S.C. § 101(53A))  |
|      |   |                      |   | Commodity Broker  | (as defined in 11 U.S.C. § 101(6))  |
|      |   |                      |   | None of the above   |   |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code, and<br>are you a small business<br>debtor or a debtor as<br>defined by 11 U.S. C. §<br>1182(1)?<br>For a definition of small<br>business debtor, see 11 | proceed<br>you are o | under Su<br>choosing to<br>v stateme<br>)(B).<br>I am i | bchapter V so that it of<br>to proceed under Sub<br>int, and federal incom-<br>not filing under Chapter<br>filing under Chapter 1 | court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or schapter V, you must attach your most recent balance sheet, statement of operations, e tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. er 11.  1, but I am NOT a small business debtor according to the definition in the Bankruptcy |
|      | U.S.C. § 101(51D).  | ☐ Yes.               | I am f  | filing under Chapter 1  | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and under Subchapter V of Chapter 11.   |
|      |   | ☐ Yes.               |   |   | 1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.   |
| Part | Report if You Own or  | Have Any             | / Hazardo   | ous Property or Any   | Property That Needs Immediate Attention   |
| 14.  | Do you own or have any  | No.                  |   |   |   |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.               |   |   |   |
|      | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |                      |   | diate attention is why is it needed?  |   |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                      | Where is  | s the property?   |   |
|      |   |                      |   |   | Number, Street, City, State & Zip Code  |

| Case 2:22-  | bk-1   |   | Enter<br>5 of | ed 12/30/22 09:38:45 Desc<br>58   |
|---|--------|---|---------------|---|
| Debtor 1 Michael Scott Sh   | ields  |   |               | Case number (if known)  |
| Part 5: Explain Your Efforts  | to Rec | ceive a Briefing About Credit Counseling  |               |   |
| 15. Tell the court whether you have received a briefing about credit counseling.  The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.  If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. | You    | ut Debtor 1:  must check one:  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.  I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 |               | out Debtor 2 (Spouse Only in a Joint Case):  I must check one:  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.  I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
|   |        | days. I am not required to receive a briefing about credit counseling because of:  Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  Active duty. I am currently on active military duty in a military combat zone.  If you believe you are not required to receive a briefing about credit counseling, you must file a   |               | I am not required to receive a briefing about credit counseling because of:  ☐ Incapacity. ☐ I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  ☐ Disability. ☐ My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  ☐ Active duty. ☐ I am currently on active military duty in a military combat zone.  If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver   |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 6 of 58

| Deb  | tor 1 Michael Scott Shi  | elds   |  | Case number (if it   | known)  |  |  |
|--|--|--|--|--|---|--|--|
| Part   | 6: Answer These Quest  | ions for R   | eporting Purposes  |  |   |  |  |
| 16.  | What kind of debts do you have?                                | 16a.   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |  |   |  |  |
|  |  |  | No. Go to line 16b.  |  |   |  |  |
|  |  |  | ☐ Yes. Go to line 17.  |  |   |  |  |
|  |  | 16b.   |  | ess debts? Business debts are debts that ent or through the operation of the busines       |   |  |  |
|  |  |  | ☐ No. Go to line 16c.  |  |   |  |  |
|  |  |  | Yes. Go to line 17.  |  |   |  |  |
|  |  | 16c.   | State the type of debts you owe the  | hat are not consumer debts or business de  | ebts  |  |  |
| 17.  | Are you filing under Chapter 7?                                | □ No.  | I am not filing under Chapter 7. G   | io to line 18.   |   |  |  |
|  | Do you estimate that after any exempt property is excluded and | Yes.   |  | ou estimate that after any exempt property<br>ble to distribute to unsecured creditors?    | is excluded and administrative expenses   |  |  |
|  | administrative expenses are paid that funds will               |  | ■ No   |  |   |  |  |
|  | be available for<br>distribution to unsecured<br>creditors?    |  | ☐ Yes  |  |   |  |  |
| 18. How many Creditors d   |  | 1-49   |  | □ 1,000-5,000  | □ 25,001-50,000   |  |  |
|  | you estimate that you owe?                                     | ☐ 50-99  |  | □ 5001-10,000<br>□ 10,001-25,000   | ☐ 50,001-100,000<br>☐ More than100,000  |  |  |
|  |  | ☐ 100-1<br>☐ 200-9   |  | L 10,001-25,000  | Li More than 100,000  |  |  |
| 19.  | How much do you  | <b>\$0 - \$</b>  | 50,000   | ☐ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |
|  | estimate your assets to be worth?                              | □ \$50,001 - \$100,000   |  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                               | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |
|  |  | □ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million   |  | □ \$100,000,001 - \$500 million  |   |  |  |
| 20.  | How much do you  | □ \$0 - \$   |  | ■ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |
|  | estimate your liabilities to be?                               | □ \$50,001 - \$100,000<br>□ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million   |  | □ \$10,000,001 - \$50 million  | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                       |  |  |
|  |  |  |  | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                          | ☐ More than \$50 billion  |  |  |
| Part   | 7: Sign Below  |  |  |  |   |  |  |
| For  | you  | I have ex  | amined this petition, and I declare  | under penalty of perjury that the information  | on provided is true and correct.  |  |  |
|  |  |  |  | n aware that I may proceed, if eligible, und<br>available under each chapter, and I choose |   |  |  |
|  |  |  |  | ay or agree to pay someone who is not an tice required by 11 U.S.C. § 342(b).              | attorney to help me fill out this   |  |  |
| I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |  |  | d in this petition.  |  |   |  |  |
|  |  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |   |  |  |
|  |  |  | Scott Shields<br>e of Debtor 1   | Signature of Debtor 2  |   |  |  |
|  |  | Executed   | NOV 0 2 2022   | Executed on  |   |  |  |
|  |  |  | MM / DD / YYYY   |  | D/YYYY  |  |  |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 7 of 58

| Debtor 1 Michael Scott Sh                           | ields   | Case   | Case number (if known)   |  |  |
|---|---|--|--|--|--|
|   |   |  |  |  |  |
| For your attorney, if you are<br>represented by one | I, the attorney for the debtor(s) named in this peti<br>under Chapter 7, 11, 12, or 13 of title 11, United S<br>for which the person is eligible. I also certify that | States Code, and have ex<br>I have delivered to the de | plained the relief available under each chapter ebtor(s) the notice required by 11 U.S.C. § 342(b) |  |  |
| If you are not represented by                       | and, in a case in which § 707(b)(4)(D) applies, ce  | rtify that I have no knowle                            | edge after an inquiry that the information in the  |  |  |
| an attorney, you do not need to file this page.     | schedules filed with the petition is incorrect.   |  | NOV 0 2 2022   |  |  |
| to me this page.                                    |   | Date   | 7,00   |  |  |
|   | Signature of Attorney for Debtor  |  | MM / DD / YYYY   |  |  |
|   | James C. Shields 186836   |  |  |  |  |
|   | Law Offices of James C. Shields   |  |  |  |  |
|   | Firm name   |  |  |  |  |
|   | 21707 Hawthorne Boulevard Suite 204   |  |  |  |  |
|   | Torrance, CA 90503-7010   |  |  |  |  |
|   | Number, Street, City, State & ZIP Code  |  |  |  |  |
|   | Contact phone 310-540-6792  | Email address  | James@shieldslaw.net   |  |  |
|   | 186836 CA   |  |  |  |  |
|   | Bar number & State  |  |  |  |  |

# STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LBR 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

| NOTIC. |   |                                |   |
|--------|---|--------------------------------|---|
|        | er penalty of perjury, that the Torrance NOV 0 2 2022 | ne foregoing is true and corre | Michael Scott Shields Signature of Debtor 1 |
|        |   |                                | Signature of Debtor 2                       |

#### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 9 of 58

|        |   |  | Main Docum   | nent Page 9 of 58   |  |   |
|--------|---|--|--|---|--|---|
| Fill   | in this informat  | ion to identify your                                   | case:  |   |  |   |
| Deb    | otor 1  | Michael Scott Shi                                      | elds   |   |  |   |
| Dok    |   | First Name   | Middle Name  | Last Name   |  |   |
| ı      | otor 2<br>use if, filing)   | First Name   | Middle Name  | Last Name   |  |   |
| Unit   | ed States Bankr   | uptcy Court for the:                                   | CENTRAL DISTRICT OF  | CALIFORNIA  |  |   |
| Coo    | o number  |  |  |   |  |   |
| (if kn | e number  |  |  |   | ☐ Che  | eck if this is an                       |
|        |   |  |  |   | ame  | ended filing                            |
|        |   |  |  |   |  |   |
| Of     | ficial Form   | n 106Sum   |  |   |  |   |
| Su     | mmary of '  | Your Assets a  | and Liabilities and  | d Certain Statistical Information   |  | 12/15                                   |
| infor  | mation. Fill out<br>original forms,   | all of your schedule                                   | es first; then complete the                                | are filing together, both are equally responsible information on this form. If you are filing amer the box at the top of this page. | for supply<br>ded sched  | ring correct<br>dules after you file    |
|        |   |  |  |   |  | assets<br>e of what you own             |
| 1.     | Schedule A/B:   | Property (Official Fo                                  | orm 106A/B)  |   | \$   | 0.00                                    |
|        |   |  |  |   | 1. The state of th | 15,184.00                               |
|        | 1c. Copy line 63  | 3, Total of all property                               | on Schedule A/B  |   | \$   | 15,184.00                               |
| Part   | 2: Summariz   | e Your Liabilities                                     |  |   |  |   |
|        |   |  |  |   |  | liabilities<br>unt you owe              |
| 2.     |   |  | aims Secured by Property (<br>nn A, Amount of claim, at th | Official Form 106D)  e bottom of the last page of Part 1 of Schedule D  | \$   | 0.00                                    |
| 3.     |   |  | Insecured Claims (Official I                               | Form 106E/F)<br>) from line 6e of <i>Schedule E/F</i>   | \$   | 22,127.00                               |
|        | Action to the contract of the |  |  | ims) from line 6j of Schedule E/F   | -  | 1,000,661.87                            |
|        |   |  |  |   |  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|        |   |  |  | Your total liabilitie   | s \$   | 1,022,788.87                            |
| Part   | 3: Summariz   | e Your Income and                                      | Expenses   |   | •  |   |
| 4.     |   | r Income (Official For                                 |  |   |  |   |
|        |   |  |  |   | \$   | 300.00                                  |
| 5.     |   | <i>Ir Expenses</i> (Official<br>thly expenses from lin |  |   | \$   | 605.00                                  |
| Part   | 4: Answer Ti  | nese Questions for                                     | Administrative and Statis                                  | tical Records   |  |   |
| 6.     |   |  | r Chapters 7, 11, or 13?<br>on this part of the form. Che  | eck this box and submit this form to the court with y   | our other s  | chedules.                               |
| 7.     | Yes   | ebt do you have?                                       |  |   |  |   |
|        |   |  |  |   |  |   |
|        | ☐ Your debts<br>household   | s are primarily cons<br>purpose." 11 U.S.C.            | umer debts. Consumer de<br>§ 101(8). Fill out lines 8-9g   | bts are those "incurred by an individual primarily fo for statistical purposes. 28 U.S.C. § 159.                                    | r a persona  | al, family, or                          |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 10 of 58

| Deb | OI I | Michael Scott Shields  | Case number (if known)                         |    |
|-----|------|--|--|----|
|     |      | the court with your other schedules.   |  |    |
| 8.  |      | n the Statement of Your Current Monthly Income: Copy your to<br>A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | otal current monthly income from Official Form | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |
|--|-------------|
| From Part 4 on Schedule E/F, copy the following:   |             |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          |
| 9d. Student loans. (Copy line 6f.)   | \$          |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          |

### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 11 of 58

|  |   | Main Document   | rage II of Sc                 | J  |   |
|--|---|---|-------------------------------|--|---|
| Fill in this   | information to identify your  | case and this filing:   |                               |  |   |
| Debtor 1   | Michael Scott Sh  | ields   |                               |  |   |
|  | First Name  | Middle Name   | Last Name                     |  |   |
| Debtor 2   |   | Middle Name   | Last Name                     |  |   |
| (Spouse, if filir  |   | Middle Name   | Last Name                     |  |   |
| United Sta   | tes Bankruptcy Court for the:   | CENTRAL DISTRICT OF CALIF   | FORNIA                        |  |   |
| Case numl  | ber   |   |                               |  | ☐ Check if this is an   |
|  | -   |   |                               |  | amended filing  |
|  |   |   |                               |  |   |
| Officia  | I Form 106A/B   |   |                               |  |   |
|  | Total Control of the |   |                               |  |   |
| The state of the s | dule A/B: Prop  |   |                               |  | 12/15   |
| In each cate   | gory, separately list and describ   | e items. List an asset only once. If ate as possible. If two married peop | an asset fits in more than o  | ne category, list the asset in                       | the category where you  |
| information.   | If more space is needed, attach   | a separate sheet to this form. On the                                     |                               |  |   |
| Answer ever  | y question.   |   |                               |  |   |
| Part 1: De   | scribe Each Residence, Building   | g, Land, or Other Real Estate You O                                       | wn or Have an Interest In     |  |   |
| 1. Do you o  | wn or have any legal or equitable   | e interest in any residence, building                                     | a land or similar property?   |  |   |
| 1. Do you o  | wil of have any legal of equitable  | e interest in any residence, building                                     | j, iana, or similar property: |  |   |
| No. Go   | to Part 2.  |   |                               |  |   |
| ☐ Yes. V   | Vhere is the property?  |   |                               |  |   |
|  |   |   |                               |  |   |
| Dort Or Do   | scribe Your Vehicles  |   |                               |  |   |
| Part 2: De   | scribe four venicles  |   |                               |  |   |
|  |   | uitable interest in any vehicles,   |                               |  | hicles you own that   |
| someone el   | se drives. If you lease a vehic   | le, also report it on Schedule G: E                                       | Executory Contracts and U     | nexpired Leases.                                     |   |
| 3. Cars, va  | ıns, trucks, tractors, sport u  | tility vehicles, motorcycles  |                               |  |   |
| п.,  |   |   |                               |  |   |
| □ No   |   |   |                               |  |   |
| Yes  |   |   |                               |  |   |
|  |   |   |                               | Do not deduct secured cla                            | oime or evernations. But  |
| 3.1 Make   | e:  | Who has an interest in th   | ne property? Check one        | the amount of any secure                             | d claims on Schedule D:   |
| Mod  | el:   | Debtor 1 only   |                               | Creditors Who Have Clair                             | ns Secured by Property.   |
| Year   |   | Debtor 2 only   |                               | Current value of the                                 | Current value of the  |
|  | oximate mileage:  | Debtor 1 and Debtor 2   |                               | entire property?                                     | portion you own?  |
|  | er information:   | At least one of the deb   | tors and another              |  |   |
| 1000   | 9 Nissan Frontier (90,000   | +   | unity property                | \$3,500.00   | \$3,500.00  |
| mile   | :5)   | (see instructions)  | turnty property               |  |   |
| ·  |   |   |                               |  | <u> </u>  |
| 3.2 Make   | e:  | Who has an interest in th   | ne property? Check one        | Do not deduct secured cla                            |   |
| Mod  | el:   | Debtor 1 only   | S 0: 150                      | the amount of any secure<br>Creditors Who Have Clain |   |
| Year   |   | Debtor 2 only   |                               |  |   |
|  | oximate mileage:  | Debtor 1 and Debtor 2   | only                          | Current value of the<br>entire property?             | Current value of the<br>portion you own?  |
|  | er information:   | At least one of the deb   |                               | whenthouses are a state of 19                        | • 144 - 155 - 156 |
| 201  | 2 BMW 528 (90,000+ mile   |   |                               |  |   |
|  |   | ☐ Check if this is comm   | unity property                | \$7,500.00   | \$7,500.00  |
|  |   | (see instructions)  |                               |  |   |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 12 of 58

|    | Debtor 1 Michael Sc                                   | ott Shields   | Case number (if known)        |   |
|----|---|---|-------------------------------|---|
| 4. |   | otor homes, ATVs and other recreational vehicles, other vehicles s, motors, personal watercraft, fishing vessels, snowmobiles, motorcyc |                               |   |
|    | ■ No  |   |                               |   |
|    | ☐ Yes   |   |                               |   |
|    |   |   |                               |   |
| 5  |   | of the portion you own for all of your entries from Part 2, including hed for Part 2. Write that number here                            |                               | \$11,000.00   |
| P  | art 3: Describe Your Pers                             | sonal and Household Items   |                               |   |
| D  | o you own or have any                                 | legal or equitable interest in any of the following items?  |                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Household goods and<br>Examples: Major applia<br>□ No | I furnishings<br>ances, furniture, linens, china, kitchenware   |                               |   |
|    | Yes. Describe   |   |                               |   |
|    |   | Household Goods and Furnishings   |                               | \$3,000.00  |
| _  |   | Tiousonia decad and an annisming  |                               |   |
| 7. | including ce  | and radios; audio, video, stereo, and digital equipment; computers, pr<br>Il phones, cameras, media players, games                      | inters, scanners; music co    | ollections; electronic devices  |
|    | ■ No<br>□ Yes. Describe                               |   |                               |   |
| 8. |   | d figurines; paintings, prints, or other artwork; books, pictures, or other tions, memorabilia, collectibles                            | r art objects; stamp, coin, o | or baseball card collections;   |
|    | ☐ Yes. Describe                                       |   |                               |   |
| 9. | musical inst  | tographic, exercise, and other hobby equipment; bicycles, pool tables,  | golf clubs, skis; canoes a    | nd kayaks; carpentry tools;   |
|    | ■ No<br>□ Yes. Describe                               |   |                               |   |
| 10 | <ul><li>Firearms</li></ul>                            | es, shotguns, ammunition, and related equipment   |                               |   |
|    | ☐ Yes. Describe                                       |   |                               |   |
| 11 | I. Clothes  Examples: Everyday o  □ No                | clothes, furs, leather coats, designer wear, shoes, accessories   |                               |   |
|    | Yes. Describe   |   |                               |   |
|    |   | Clothing  |                               | \$500.00  |
|    |   |   |                               |   |
| 12 | □ No  | ewelry, costume jewelry, engagement rings, wedding rings, heirloom j  | ewelry, watches, gems, go     | old, silver   |
|    | Yes. Describe   |   |                               |   |
|    |   | Misc. Jewelry   |                               | \$500.00  |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Page 13 of 58 Main Document Debtor 1 **Michael Scott Shields** Case number (if known) 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No. ☐ Yes. Give specific information..... Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4,000.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ No Yes..... Cash on hand \$50.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Chase Bank 17.1. Checking \$50.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☐ No Yes. Give specific information about them..... Name of entity: % of ownership: ECO NUTS, INC. Status: Suspended No Income No Assets

20. Government and corporate bonds and other negotiable and non-negotiable instruments

partner Mona Weiss.

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Debtor owns trademark: "ECO NUTS"

www.econuts.com is in the name of ex-business

100

%

\$0.00

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 14 of 58

| D   | ebtor 1   | Michael Scott Shields   | C   | ase number (if known)        |   |  |  |
|-----|---|---|---|------------------------------|---|--|--|
|     | ■ No<br>□ Yes.  | Give specific information about th<br>Issuer nam  |   |                              |   |  |  |
| 21  |   | nent or pension accounts<br>lles: Interests in IRA, ERISA, Keo                                | gh, 401(k), 403(b), thrift savings accounts, or other per                                       | ision or profit-sharing plar | ns  |  |  |
|     | ☐ Yes.  | List each account separately.<br>Type of accou  | nt: Institution name:   |                              |   |  |  |
| 22  | 2. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others |   |   |                              |   |  |  |
|     | ■ No<br>□ Yes.  |   | Institution name or individual:   |                              |   |  |  |
| 23  | Annuiti   | ies (A contract for a periodic payn   | ent of money to you, either for life or for a number of y                                       | ears)                        |   |  |  |
|     | Yes   | Issuer name and de  | escription.   |                              |   |  |  |
| 24. | 26 U.S.0  | s in an education IRA, in an acc<br>C. §§ 530(b)(1), 529A(b), and 529                         | ount in a qualified ABLE program, or under a quali<br>(b)(1).                                   | fied state tuition progra    | m.  |  |  |
|     | ■ No<br>□ Yes   | Institution name an   | d description. Separately file the records of any interes                                       | ts.11 U.S.C. § 521(c):       |   |  |  |
| 25. | Trusts,   | equitable or future interests in  | property (other than anything listed in line 1), and  | rights or powers exercis     | able for your benefit   |  |  |
|     | ☐ Yes.  | Give specific information about the   | em  |                              |   |  |  |
| 26. |   |   | secrets, and other intellectual property ites, proceeds from royalties and licensing agreements | S                            |   |  |  |
|     | ☐ Yes.  | Give specific information about the   | em  |                              |   |  |  |
| 27. |   | es, franchises, and other generalles: Building permits, exclusive lic                         | il intangibles<br>enses, cooperative association holdings, liquor license                       | s, professional licenses     |   |  |  |
|     | 100   | Give specific information about th  | em  |                              |   |  |  |
| M   | oney or p   | property owed to you?   |   |                              | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |  |
| 28. | Tax ref   | unds owed to you  |   |                              |   |  |  |
|     | Yes.  | Give specific information about the   | em, including whether you already filed the returns and   | the tax years                |   |  |  |
|     |   |   | 2021 Anticipated Tax Refund   | Tax Refund                   | \$84.00   |  |  |
| 29. |   |   | y, spousal support, child support, maintenance, divorce   | settlement, property sett    | lement  |  |  |
|     | ■ No<br>□ Yes. 0  | Give specific information   |   |                              |   |  |  |
| 30. |   | mounts someone owes you<br>les: Unpaid wages, disability insu<br>benefits; unpaid loans you m | ance payments, disability benefits, sick pay, vacation pade to someone else                     | pay, workers' compensati     | on, Social Security   |  |  |
|     | 100000000000000000000000000000000000000   | Give specific information   |   |                              |   |  |  |

Official Form 106A/B Schedule A/B: Property page 4

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 15 of 58

| Debtor 1          | Michael Scott Shields   | Case number (if known)                   |                            |
|-------------------|---|--|----------------------------|
| 31. Interes       | ets in insurance policies<br>oles: Health, disability, or life insurance; health savings account (HSA); cr  | radit hamaayyaar'a ar rantar'a inayya    |                            |
| ■ No              | nes. Health, disability, of the insurance, health savings account (HSA), cr   | edit, nomeowner's, or renter's insura    | ince                       |
| ☐ Yes.            | Name the insurance company of each policy and list its value.<br>Company name:  | Beneficiary:                             | Surrender or refund value: |
| If you a someo    | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died. | policy, or are currently entitled to red | ceive property because     |
| ☐ Yes.            | Give specific information   |  |                            |
| Examp<br>■ No     | against third parties, whether or not you have filed a lawsuit or mades: Accidents, employment disputes, insurance claims, or rights to sue             | de a demand for payment                  |                            |
| 34. Other of      | contingent and unliquidated claims of every nature, including count   | erclaims of the debtor and rights t      | o set off claims           |
| ■ No<br>□ Yes.    | Describe each claim   | •  |                            |
| 35. Any fin No    | ancial assets you did not already list  |  |                            |
| ☐ Yes.            | Give specific information   |  |                            |
|                   | he dollar value of all of your entries from Part 4, including any entrient 4. Write that number here  |  | \$184.00                   |
| Part 5: Des       | scribe Any Business-Related Property You Own or Have an Interest In. List an  | ny real estate in Part 1.                |                            |
| 37. Do you o      | own or have any legal or equitable interest in any business-related property?   |  |                            |
| No. Go            |   |  |                            |
| ☐ Yes. G          | to to line 38.  |  |                            |
|                   | scribe Any Farm- and Commercial Fishing-Related Property You Own or Have<br>ou own or have an interest in farmland, list it in Part 1.                  | an Interest In.                          |                            |
| 46. <b>Do you</b> | own or have any legal or equitable interest in any farm- or commerc   | cial fishing-related property?           |                            |
|                   | Go to Part 7.   | ,  |                            |
| ☐ Yes.            | Go to line 47.  |  |                            |
| Part 7:           | Describe All Property You Own or Have an Interest in That You Did Not List  | Above                                    |                            |
| Examp             | have other property of any kind you did not already list? les: Season tickets, country club membership  |  |                            |
| ■ No<br>□ Yes (   | Give specific information   |  |                            |
| _ 100.0           |   |  |                            |
| 54. Add th        | he dollar value of all of your entries from Part 7. Write that number h   | ere                                      | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5

## Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 16 of 58

| Deb  | tor 1 Michael Scott Shields                                  |   |             | Case number (if known)       |             |
|------|--|---|-------------|------------------------------|-------------|
| Part | 8: List the Totals of Each Part of this Form                 |   |             |                              |             |
| 55.  | Part 1: Total real estate, line 2                            |   |             |                              | \$0.00      |
| 56.  | Part 2: Total vehicles, line 5                               |   | \$11,000.00 |                              |             |
| 57.  | Part 3: Total personal and household items, line 15          | S | \$4,000.00  |                              |             |
| 58.  | Part 4: Total financial assets, line 36                      |   | \$184.00    |                              |             |
| 59.  | Part 5: Total business-related property, line 45             |   | \$0.00      |                              |             |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    |   | \$0.00      |                              |             |
| 61.  | Part 7: Total other property not listed, line 54             | + | \$0.00      |                              |             |
| 62.  | Total personal property. Add lines 56 through 61             | _ | \$15,184.00 | Copy personal property total | \$15,184.00 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |   |             |                              | \$15,184.00 |

Official Form 106A/B Schedule A/B: Property page 6

#### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 17 of 58

| Fill in this information to identify your case: |                           |           |  |  |  |  |
|---|---------------------------|-----------|--|--|--|--|
| ds  |                           |           |  |  |  |  |
| Middle Name Last Name                           | dle Name Last Name        |           |  |  |  |  |
|   |                           |           |  |  |  |  |
| Middle Name Last Name                           | dle Name Last Name        |           |  |  |  |  |
| CENTRAL DISTRICT OF CALIFORNIA                  | AL DISTRICT OF CALIFORNIA |           |  |  |  |  |
|   |                           |           |  |  |  |  |
|   | ☐ Check if t              | nis is an |  |  |  |  |
|   | amended                   | filing    |  |  |  |  |
| Middle Name Last Name  Middle Name Last Name    | AL DISTRICT OF CALIFORNIA |           |  |  |  |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa   | art 1: Identify the Property You Claim as E  | xempt  |     |   |                                    |  |  |  |  |  |
|--|--|--|-----|---|------------------------------------|--|--|--|--|--|
| 1.   | 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |  |     |   |                                    |  |  |  |  |  |
| ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |  |  |     |   |                                    |  |  |  |  |  |
|  | ☐ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)   |     |   |                                    |  |  |  |  |  |
| 2.   | For any property you list on Schedule A/B  | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |     |   |                                    |  |  |  |  |  |
|  | Brief description of the property and line on<br>Schedule A/B that lists this property               | Current value of the<br>portion you own  |     |   | Specific laws that allow exemption |  |  |  |  |  |
|  |  | Copy the value from<br>Schedule A/B  | Che |   |                                    |  |  |  |  |  |
|  | 2009 Nissan Frontier (90,000+ miles)   | \$3,500.00   |     | \$3,500.00  | C.C.P. § 703.140(b)(5)             |  |  |  |  |  |
|  | Line from Schedule A/B: 3.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
| -  | 2012 BMW 528 (90,000+ miles)   | \$7,500.00   |     | \$6,375.00  | C.C.P. § 703.140(b)(2)             |  |  |  |  |  |
|  | Line from Schedule A/B: 3.2  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
|  | 2012 BMW 528 (90,000+ miles)   | \$7,500.00   |     | \$1,125.00  | C.C.P. § 703.140(b)(5)             |  |  |  |  |  |
|  | Line from Schedule A/B: 3.2  | 2  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
|  | Household Goods and Furnishings  | \$3,000.00   |     | \$3,000.00  | C.C.P. § 703.140(b)(3)             |  |  |  |  |  |
|  | Line from Schedule A/B: 6.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
| -  | Clothing   | \$500.00   |     | \$500.00  | C.C.P. § 703.140(b)(3)             |  |  |  |  |  |
|  | Line from Schedule A/B: 11.1   |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |

### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 18 of 58

| De | btor 1   | Michael Scott Shields                         |   |         | Case number (if known)  |                                    |  |
|----|--|---|---|---------|---|------------------------------------|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property   |   | Current value of the<br>portion you own |         |   | Specific laws that allow exemption |  |
|    |  |   | Copy the value from<br>Schedule A/B     | Che     | ck only one box for each exemption.                             |                                    |  |
|    |  | c. Jewelry<br>from Schedule A/B: 12.1         | \$500.00                                |         | \$500.00  | C.C.P. § 703.140(b)(4)             |  |
|    | Line   |   |   |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    |  | sh on hand<br>from Schedule A/B: 16.1         | \$50.00                                 |         | \$50.00   | C.C.P. § 703.140(b)(5)             |  |
|    | Line   | IIOIII SCHEdule A/B. 10-1                     |   |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    |  | ecking: Chase Bank<br>from Schedule A/B: 17.1 | \$50.00                                 |         | \$50.00   | C.C.P. § 703.140(b)(5)             |  |
|    | LIIIG  | nom schedule App. 11.1                        |   |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3. | Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) |   |   |         |   |                                    |  |
|    |  | No  |   |         |   |                                    |  |
|    |  | Yes. Did you acquire the property cov         | ered by the exemption w                 | ithin 1 | ,215 days before you filed this case                            | ?                                  |  |
|    |  | □ No  |   |         |   |                                    |  |
|    |  | □ Ves   |   |         |   |                                    |  |

#### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 19 of 58

| Fill in this inform       | mation to identify your  | case:              |              |  |                                    |
|---------------------------|--------------------------|--------------------|--------------|--|------------------------------------|
| Debtor 1                  | Michael Scott Shi        | elds               |              |  |                                    |
|                           | First Name               | Middle Name        | Last Name    |  |                                    |
| Debtor 2                  |                          |                    |              |  |                                    |
| (Spouse if, filing)       | First Name               | Middle Name        | Last Name    |  |                                    |
| United States Ba          | inkruptcy Court for the: | CENTRAL DISTRICT O | F CALIFORNIA |  |                                    |
| Case number<br>(if known) |                          |                    |              |  | Check if this is an amended filing |

#### Official Form 106D

#### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 20 of 58

|                           |   |  | iviaiii   | Document   | raye 20  | 01 30   |   |   |
|---------------------------|---|--|---|--|--|---|---|---|
| Fil                       | ll in this informa  | ation to identify your   | case:   |  |  |   |   |   |
| De                        | ebtor 1   | Michael Scott Shi  | elds  |  |  |   | ]   |   |
| _                         | E   | First Name   | Middle Name   |  | Last Name  |   |   |   |
|                           | ebtor 2<br>oouse if, filing)  | First Name   | Middle Name   | +  | Last Name  |   |   |   |
| Hr                        | nited States Bank   | kruptcy Court for the:   | CENTRAL DIS   | TRICT OF CALIF   | ORNIA  |   |   |   |
| UI                        | illed States Daili  | dupley Court for the.  | OLIVITIAL DIO   | THIOT OF GALIF   | ONNIA  |   |   |   |
|                           | ase number<br>known)  |  |   |  |  |   | ☐ Check   | if this is an   |
| _                         |   |  |   |  |  |   | ameno   | led filing  |
| )<br>C                    | fficial Form  | 106E/F   |   |  |  |   |   |   |
|                           |   | F: Creditors W   | ho Have U   | nsecured C   | Claims   |   |   | 12/15   |
| ony<br>Sch<br>Sch<br>eft. | r executory contra<br>nedule G: Executo<br>nedule D: Creditor<br>. Attach the Conti<br>ne and case numb |  | that could result i<br>ired Leases (Offic<br>ured by Property.<br>e. If you have no i | n a claim. Also list<br>al Form 106G). Do<br>If more space is ne | executory contra<br>not include any c<br>eded, copy the Pa | cts on Schedule A/B: I<br>reditors with partially s<br>art you need. fill it out. | Property (Official For<br>secured claims that a<br>number the entries i | m 106A/B) and on<br>are listed in<br>n the boxes on the |
|                           |   | of Your PRIORITY Un  |   | 0  |  |   |   |   |
| 1.                        | No. Go to Par   | s have priority unsecured  | d claims against y  | ou?  |  |   |   |   |
|                           | Yes.  | 12.  |   |  |  |   |   |   |
| 2.                        | List all of your p<br>identify what type<br>possible, list the o  | riority unsecured claims<br>of claim it is. If a claim ha<br>claims in alphabetical orde<br>an one creditor holds a pa | s both priority and i<br>r according to the c   | nonpriority amounts,<br>reditor's name. If yo                    | list that claim here<br>u have more than t                 | and show both priority a  | and nonpriority amount  | ts. As much as  |
|                           | (For an explanation   | on of each type of claim, s  | ee the instructions   | for this form in the in  | struction booklet.)  | Total claim   | Priority  | Nonpriority   |
| 2.1                       | Internal F  | Revenue Service  | Last  | I digits of account  | number   | \$22,127.00   | amount<br>Unknown   | amount<br>Unknown                                       |
|                           | Priority Cred   | itor's Name  |   | . algito of account  |  | φεε,121.00  | Olkilowii   | Olknown   |
|                           |   | s Angeles St., Stop  |   | was the debt incu  | rred? 2015 -   | 2019  |   |   |
|                           |   | eles, CA 90012<br>et City State Zip Code   | As of   | the date you file, th  | he claim is: Check   | all that apply  |   |   |
|                           | Who incurred t  | he debt? Check one.  | □ co  | ontingent  |  |   |   |   |
|                           | Debtor 1 only   | у  | □ Ur  | liquidated   |  |   |   |   |
|                           | Debtor 2 only   | у  | □ Di  | sputed   |  |   |   |   |
|                           | Debtor 1 and  | Debtor 2 only  | Туре  | of PRIORITY unsec  | cured claim:   |   |   |   |
|                           | ☐ At least one  | of the debtors and anothe  | r 🗆 Do  | mestic support oblig   | gations  |   |   |   |
|                           | ☐ Check if this   | s claim is for a commun  | ity debt 📕 Ta   | xes and certain othe   | er debts you owe th  | e government  |   |   |
|                           | Is the claim sub  | oject to offset?   | □ cı  | aims for death or per  | rsonal injury while y                                      | ou were intoxicated   |   |   |
|                           | No  |  | □ Ot  | her. Specify   |  |   |   |   |
|                           | ☐ Yes   |  |   | 941  | Payroll taxes  |   |   |   |
|                           |   |  |   |  |  |   |   |   |
| Pa                        | rt 2: List All o  | of Your NONPRIORIT   | Y Unsecured Cla   | aims   |  |   |   |   |
| 3.                        | Do any creditors  | have nonpriority unsec   | ured claims again   | st you?  |  |   |   |   |
|                           | ☐ No. You have  | nothing to report in this pa   | rt. Submit this form  | to the court with you  | ur other schedules.  |   |   |   |
|                           | Yes.  |  |   |  |  |   |   |   |
| 1.                        | unsecured claim,  | onpriority unsecured cla<br>list the creditor separately<br>holds a particular claim, lis                              | for each claim. For   | each claim listed, id  | lentify what type of                                       | claim it is. Do not list cla  | ims already included i  | n Part 1. If more                                       |

Total claim

Part 2.

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 21 of 58

| Debtor | 1 Michael Scott Shields   | Case number (if known)   |  |             |  |  |  |
|--------|---|--|--|-------------|--|--|--|
| 4.1    | Amex/Bankruptcy Nonpriority Creditor's Name                                   | Last 4 digits of account number  | 2814   | \$5,106.00  |  |  |  |
|        | Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998                     | When was the debt incurred?  | Opened 02/17 Last Active 10/21               |             |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.           | As of the date you file, the claim   | is: Check all that apply                     |             |  |  |  |
|        | Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|        | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured  | d claim:                                     |             |  |  |  |
|        | ☐ Check if this claim is for a community                                      | ☐ Student loans  |  |             |  |  |  |
|        | debt Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims                    | ration agreement or divorce that you did not |             |  |  |  |
|        | ■ No  | Debts to pension or profit-sharin  | g plans, and other similar debts             |             |  |  |  |
|        | Yes   | Other. Specify Credit Card   | <u> </u>                                     |             |  |  |  |
| 4.2    | Capital One Nonpriority Creditor's Name                                       | Last 4 digits of account number  | 0463   | \$13,329.00 |  |  |  |
|        | Attn: Bnakruptcy<br>P.O. Box 30285<br>Salt Lake City, UT 84130                | When was the debt incurred?  | Opened 01/16 Last Active 05/21               |             |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.           | As of the date you file, the claim i   |  |             |  |  |  |
|        | Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|        | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured  | I claim:                                     |             |  |  |  |
|        | Check if this claim is for a community  | ☐ Student loans  |  |             |  |  |  |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                     |  |             |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |             |  |  |  |
|        | Yes   | Other. Specify Charge Acc  | count  |             |  |  |  |
| 4.3    | CDC Business Finance Nonpriority Creditor's Name                              | Last 4 digits of account number  |  | Unknown     |  |  |  |
|        | 2448 Historic Decatur Rd. #200<br>San Diego, CA 92106                         | When was the debt incurred?  |  |             |  |  |  |
|        | Number Street City State Zip Code   | As of the date you file, the claim is  | s: Check all that apply                      |             |  |  |  |
|        | Who incurred the debt? Check one.   | _  |  |             |  |  |  |
|        | Debtor 1 only   | Contingent   |  |             |  |  |  |
|        | Debtor 2 only   | Unliquidated   |  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Disputed   |  |             |  |  |  |
|        | At least one of the debtors and another                                       | Type of NONPRIORITY unsecured  | claim:                                       |             |  |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separ report as priority claims | ation agreement or divorce that you did not  |             |  |  |  |
|        | No  | Debts to pension or profit-sharing   | nlans, and other similar debte               |             |  |  |  |
|        | □ Yes   | Other, Specify SBA Loan  | , ,  |             |  |  |  |
|        | — 100   | = Uner Specify ODA LOGIT   |  |             |  |  |  |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 22 of 58

| Debtor 1 Michael Scott Shields |  |  |  |             |
|--------------------------------|--|--|--|-------------|
| 4.4                            | Chase Card Services Nonpriority Creditor's Name  | Last 4 digits of account number  | 0285   | \$24,070.00 |
|                                | Attn: Bankruptcy<br>P.O. 15298<br>Wilmington, DE 19850   | When was the debt incurred?  | Opened 07/11 Last Active 9/15/20                         | _           |
|                                | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim i   | s: Check all that apply                                  |             |
|                                | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |  |             |
|                                | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans                     | d claim:<br>ration agreement or divorce that you did not | ı           |
|                                | No   | Debts to pension or profit-sharin  | g plans, and other similar debts                         |             |
|                                | Yes  | Other. Specify Credit Card   |  | _           |
| 4.5                            | Chase Card Services Nonpriority Creditor's Name  | Last 4 digits of account number  | 9840   | \$14,449.00 |
|                                | Attn: Bankruptcy<br>P.O. 15298<br>Wilmington, DE 19850   | When was the debt incurred?  | Opened 03/19 Last Active<br>05/21                        | _           |
|                                | Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim i   | s: Check all that apply                                  |             |
|                                | Debtor 1 only  | ☐ Contingent   |  |             |
|                                | ☐ Debtor 2 only  | ☐ Unliquidated   |  |             |
|                                | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|                                | At least one of the debtors and another  | Type of NONPRIORITY unsecured  | I claim:   |             |
|                                | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a sepal report as priority claims | ration agreement or divorce that you did not             |             |
|                                | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts                         |             |
|                                | Yes  | Other. Specify Credit Card   |  |             |
| 4.6                            | Corporate Turnaround Nonpriority Creditor's Name   | Last 4 digits of account number  |  | \$40,000.00 |
| 3                              | 95 N State Rt 17 Paramus, NJ 07652 Number Street City State Zip Code   | When was the debt incurred?  As of the date you file, the claim is             | 2019 s: Check all that apply                             | — <u>a</u>  |
|                                | Who incurred the debt? Check one.  | ,  | onoth all that apply                                     |             |
|                                | Debtor 1 only  | ☐ Contingent   |  |             |
|                                | Debtor 2 only  | ☐ Unliquidated   |  |             |
|                                | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|                                | At least one of the debtors and another  | Type of NONPRIORITY unsecured  | claim:   |             |
|                                | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a separ report as priority claims | ation agreement or divorce that you did not              |             |
|                                | No   | Debts to pension or profit-sharing   | plans, and other similar debts                           |             |
|                                | □Yes   | Other. Specify Debt Settler  |  |             |
|                                |  | - Other, opening   |  |             |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 23 of 58

| Del | otor 1 Michael Scott Shields   | Case number (if known)  |             |
|-----|--|---|-------------|
| 4.7 | FedEx Nonpriority Creditor's Name                                    | Last 4 digits of account number   | \$19,656.00 |
|     | P.O. Box 1140  | When was the debt incurred? 2018-2021   |             |
|     | Memphis, TN 38101-1140   |   |             |
|     | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |
|     | _  | Полити  |             |
|     | Debtor 1 only  | Contingent  |             |
|     | Debtor 2 only  | ☐ Unliquidated  |             |
|     | Debtor 1 and Debtor 2 only   | Disputed  |             |
|     | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |             |
|     | ☐ Check if this claim is for a community debt                        |   |             |
|     | Is the claim subject to offset?                                      | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims          |             |
|     | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |             |
|     | Yes  | Other Specify Shipping Costs  |             |
|     | _ : **   | — Other, Specify  |             |
| 4.8 | Fundbox  | Last 4 digits of account number   | \$8,799.00  |
|     | Nonpriority Creditor's Name 6900 Dallas Parkway, STE 700             | When was the debt incurred?   |             |
|     | Plano, TX 75024  Number Street City State Zip Code                   | As of the date you file, the claim is: Check all that apply   |             |
|     | Who incurred the debt? Check one.                                    | As of the date you me, the claim is. Office all that apply  |             |
|     | Debtor 1 only  | ☐ Contingent  |             |
|     | Debtor 2 only  | ☐ Unliquidated  |             |
|     | Debtor 2 only  Debtor 1 and Debtor 2 only                            | ☐ Disputed  |             |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |             |
|     |  | Student loans   |             |
|     | ☐ Check if this claim is for a community debt                        | Dobligations arising out of a separation agreement or divorce that you did not                                    |             |
|     | Is the claim subject to offset?                                      | report as priority claims   |             |
|     | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | Yes  | Other. Specify Factoring Company  |             |
| 4.9 | Goldman Sachs Bank USA   | Last 4 digits of account number 2005  | \$2,982.00  |
|     | Nonpriority Creditor's Name  | 2003  | \$2,902.00  |
|     | Lockbox 6112<br>Philadelphia, PA 19170                               | When was the debt incurred?  Opened 02/20 Last Active 05/21   |             |
|     | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply   |             |
|     | Who incurred the debt? Check one.                                    | ,   |             |
|     | Debtor 1 only  | ☐ Contingent  |             |
|     | Debtor 2 only  | □ Unliquidated  |             |
|     | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |             |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |             |
|     | ☐ Check if this claim is for a community                             | ☐ Student loans   |             |
|     | debt Is the claim subject to offset?                                 | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |             |
|     | ☐ Yes  | Other. Specify Credit Card  |             |
|     |  | opouij  |             |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 24 of 58

| Debt     | Michael Scott Shields  | Case number (if known)   |              |
|----------|--|--|--------------|
| 4.1      | Kabagge Loan   | Last 4 digits of account number  | \$28,000.00  |
| <u> </u> | Nonpriority Creditor's Name  |  | 420,000100   |
|          | P.O. Box 981535  | When was the debt incurred?  |              |
|          | El Paso, TX 79998-1535  Number Street City State Zip Code            | As of the date you file, the claim is: Check all that apply  |              |
|          | Who incurred the debt? Check one.                                    | , and a second a second and a second and a second a second a second a second and a second a second a second a |              |
|          | Debtor 1 only  | ☐ Contingent   |              |
|          | Debtor 2 only  | □ Unliquidated   |              |
|          | Debtor 1 and Debtor 2 only   | □ Disputed   |              |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |              |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |              |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |              |
|          | No   | Debts to pension or profit-sharing plans, and other similar debts  |              |
|          | Yes  | Other. Specify Personal Loan   |              |
| 1        |  |  |              |
| 4.1<br>1 | Lois Weiss   | Last 4 digits of account number  | Unknown      |
|          | Nonpriority Creditor's Name  103 River Street                        | When was the debt incurred?  |              |
|          | Tarrytown, NY 10591  | When was the debt incurred:  |              |
|          | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply  |              |
|          | Who incurred the debt? Check one.                                    |  |              |
|          | Debtor 1 only  | ☐ Contingent   |              |
|          | Debtor 2 only  | ☐ Unliquidated   |              |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |              |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |              |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |              |
|          | debt<br>Is the claim subject to offset?                              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |              |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |              |
|          | Yes  | Other. Specify Potential Claim   |              |
| l.1      |  |  |              |
| 2        | Mona Weiss   | Last 4 digits of account number N/A  | \$617,010.87 |
|          | Nonpriority Creditor's Name<br>11300 Somerset Dr. #343               | When was the debt incurred? 2009 - 2022  |              |
|          | North Royalton, OH 44133   |  |              |
|          | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |              |
|          | Debtor 1 only  | ☐ Contingent   |              |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |              |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |              |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |              |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |              |
|          | debt<br>Is the claim subject to offset?                              | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |              |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |              |
|          |  | Ex-Business partner - Personal Loan,   |              |
|          | Пусс   | buyout of Truck, Eco Nuts Buyout, credit   |              |
|          | Yes  | Other. Specify card debt . medical loan  |              |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 25 of 58

| Debtor ' | Michael Scott Shields  | Case number (if known)   |             |
|----------|--|--|-------------|
| -        | Paypal Nonpriority Creditor's Name   | Last 4 digits of account number  | \$12,938.00 |
|          | PO Box 660433<br>Dallas, TX 75266  | When was the debt incurred?  |             |
| _        | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply  |             |
|          | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |             |
|          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans  ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |             |
|          | Yes  | Other. Specify Paypal Loan   |             |
|          | Shopify  | Last 4 digits of account number  | \$5,466.00  |
| (0)      | Nonpriority Creditor's Name<br>777 S. Alameda St.<br>Los Angeles, CA 90021   | When was the debt incurred?  |             |
| 8.       | Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply  |             |
|          | Debtor 1 only  | ☐ Contingent   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |             |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |             |
|          | debt<br>Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|          | No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |             |
|          | Yes  | Other. Specify Website fees  |             |
|          | Spectrum<br>Nonpriority Creditor's Name  | Last 4 digits of account number  | \$317.00    |
|          | PO Box 60074<br>City of Industry, CA 91716   | When was the debt incurred? 2019   |             |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply  |             |
|          | Debtor 1 only  | ☐ Contingent   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |             |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |             |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
| 1        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |             |
|          | □Yes   | Other. Specify Services  |             |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 26 of 58

| Debto    | Michael Scott Shields   |  | Case number (if known)                        |                |
|----------|---|--|---|----------------|
| 4.1<br>6 | Synchrony/PayPal Credit   | Last 4 digits of account number  | 6672  | \$3,744.00     |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896  | When was the debt incurred?  | Opened 11/17 Last Active 6/20/21              |                |
|          | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim   | is: Check all that apply                      |                |
|          | Debtor 1 only   | ☐ Contingent   |   |                |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |                |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                                      |                |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |                |
|          | No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |                |
|          | □Yes  | Other. Specify Credit Card   |   | _              |
| 4.1      | The CBE Group   | Last 4 digits of account number  | 7997  | \$22,127.00    |
|          | Nonpriority Creditor's Name 131 Tower Park, Ste 100 PO Box 2217   | When was the debt incurred?  | 2015-2019                                     | _              |
|          | Waterloo, IA 50704  Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim i   | s: Check all that apply                       |                |
|          | Debtor 1 only   | Пост   |   |                |
|          | ACTION OF THE PROPERTY OF THE | ☐ Contingent ☐ Unliquidated  |   |                |
|          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Unilquidated ☐ Disputed  |   |                |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                      |                |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |                |
|          | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims               | ration agreement or divorce that you did not  |                |
|          | No  | Debts to pension or profit-sharin  | g plans, and other similar debts              |                |
|          | Yes   | Other. Specify Collection 1  | or 941 payroll taxes                          | _              |
| 4.1<br>8 | US Small Business Administration  Nonpriority Creditor's Name   | Last 4 digits of account number  | 3670  | \$182,668.00   |
|          | Attn: Bankruptcy<br>409 3rd St, Sw<br>Washington, DC 20416  | When was the debt incurred?  | Opened 9/18/18 Last Active 10/06/21           | _              |
|          | Number Street City State Zip Code   | As of the date you file, the claim i   | s: Check all that apply                       |                |
|          | Who incurred the debt? Check one.   | _  |   |                |
|          | Debtor 1 only   | Contingent   |   |                |
|          | ☐ Debtor 2 only   | Unliquidated   |   |                |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured                                    | claim-  |                |
|          | At least one of the debtors and another   | Student loans  | Gailli:                                       |                |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?   |  | ration agreement or divorce that you did not  |                |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |                |
|          | □Yes  | Other. Specify Small Busin   | ness Loan                                     |                |
|          |   |  |   | <del>-</del> 1 |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 27 of 58

| Debtor 1 | Michael Scott Shields | Case number (if known) |  |
|----------|-----------------------|------------------------|--|
|          |                       |                        |  |

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                 |     |   |     | Total Claim            |
|-----------------|-----|---|-----|------------------------|
|                 | 6a. | Domestic support obligations  | 6a. | \$<br>0.00             |
| Total claims    |     |   |     |                        |
| from Part 1     | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>22,127.00        |
|                 | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00             |
|                 | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00             |
|                 | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>22,127.00        |
|                 | 6f. | Student loans   | 6f. | \$<br>Total Claim 0.00 |
| Total<br>claims |     |   |     |                        |
| from Part 2     | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00             |
|                 | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00             |
|                 | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$<br>1,000,661.87     |
|                 | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>1,000,661.87     |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 28 of 58

|   |   |   | Main L   | Jocument   | Page 28  | 01 58  |  |
|---|---|---|--|--|--|--|--|
| Fill i  | n this info   | ormation to identify your   | case:  |  |  |  |  |
| Debt  | tor 1   | Michael Scott Sh  | ields  |  |  |  |  |
| Debt  | tor 2   | First Name  | Middle Name  |  | Last Name  |  |  |
|   | se if, filing)  | First Name  | Middle Name  |  | Last Name  |  |  |
| Unite   | ed States E   | Bankruptcy Court for the:   | CENTRAL DIST   | RICT OF CALIF  | ORNIA  |  |  |
| Case<br>(if kno                                 | e number<br>wn)   |   |  |  |  |  | ☐ Check if this is an amended filing   |
| Charles 100                                     | V 10.7 100  | orm 106G<br>e G: Executory  | v Contract   | e and IIn  | evnired  | Laggag   | 1041   |
|   |   |   |  |  |  |  | 12/15  |
| inforr<br>additi<br>1. [<br>I<br>2. L<br>e<br>a | mation. If i ional page  Do you har  No. Che  Yes. Fill  List separa example, r | more space is needed, cos, write your name and over any executory contracted this box and file this for in all of the information beately each person or contact. | opy the additional case number (if kents or unexpired I from with the court wellow even if the company with whome hone). See the instance of the contract of t | I page, fill it out<br>nown).<br>leases?<br>vith your other sch<br>ntacts of leases a<br>you have the co<br>tructions for this | number the endedules. You have listed on Schoontract or lease form in the instru | ntries, and attach it  ave nothing else to re  sedule A/B:Property | Official Form 106 A/B).  each contract or lease is for (for re examples of executory contracts |
| 2.1   |   |   |  |  |  |  |  |
|   | Name  |   |  |  | _  |  |  |
|   | Number  | Street  |  |  | <u></u>  |  |  |
|   | City  | S   | State Z  | IP Code  | _  |  |  |
| 2.2   | Name  |   |  |  | <u></u>  |  |  |
|   | Number  | Street  |  |  | <b>—</b> :   |  |  |
|   | City  | S   | State Z  | IP Code  |  |  |  |
| 2.3   | Name  |   |  |  | _  |  |  |
|   | Number  | Street  |  |  | _1   |  |  |
|   | City  | S   | State Z  | IP Code  | -3   |  |  |
| 2.4   | Nama  |   |  |  |  |  |  |
|   | Name  |   |  |  |  |  |  |
|   | Number  | Street  |  |  | -  |  |  |
| 0 =   | City  | S   | state ZI   | P Code   | _  |  |  |
| 2.5   | Name  |   |  |  |  |  |  |
|   | Number  | Street  |  |  | <del>-</del> -   |  |  |

City

ZIP Code

State

### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 29 of 58

| - National State           |                       |  |   |   | THE RESIDENCE PROPERTY.               | ľ  |
|----------------------------|-----------------------|--|---|---|---------------------------------------|--|
| Fill in this               | s informa             | tion to identify your                              | case:   |   |                                       |  |
| Debtor 1                   |                       | Michael Scott Sh                                   |   |   |                                       |  |
| Dahter                     |                       | First Name   | Middle Name   | Last Name   |                                       |  |
| Debtor 2<br>(Spouse if, fi | ling)                 | First Name   | Middle Name   | Last Name   |                                       |  |
| United Sta                 | ates Bankı            | ruptcy Court for the:                              | CENTRAL DISTRICT                                    | OF CALIFORNIA   |                                       |  |
| Case nun                   | nber                  |  |   |   |                                       |  |
| (if known)                 |                       |  |   |   |                                       | ☐ Check if this is an  |
|                            |                       |  |   |   |                                       | amended filing   |
| Officia                    | al Forn               | n 106H   |   |   |                                       |  |
|                            |                       | I: Your Cod  | ahtors  |   |                                       | 10/15  |
| Sche                       | Jule I                | i. Tour Cou  | CDIOIS  |   |                                       | 12/15  |
| fill it out, a             | and numb<br>e and cas | er the entries in the<br>e number (if known)       | boxes on the left. Attac<br>. Answer every question | h the Additional Page to                                | this page. On the to                  | needed, copy the Additional Page,<br>op of any Additional Pages, write   |
| _                          | •                     |  |   |   |                                       |  |
| ■ No                       |                       |  |   |   |                                       |  |
|                            |                       |  |   |   |                                       |  |
|                            |                       |  |   | roperty state or territory<br>uerto Rico, Texas, Washir |                                       | ty states and territories include  |
| Alizon                     | na, Camoi             | illa, idalio, Louisialia,                          | ivevada, ivew iviexico, i                           | derto riloo, rexas, vvasilii                            | igtori, and vvisconsin.               | 1  |
|                            | . Go to lin           |  |   |   |                                       |  |
| ☐ Ye                       | s. Did you            | r spouse, former spou                              | use, or legal equivalent liv                        | ve with you at the time?                                |                                       |  |
| in lin<br>Form             | e 2 again             | as a codebtor only i                               | f that person is a guara                            | ntor or cosigner. Make s                                | ure you have listed t                 | ng with you. List the person shown<br>the creditor on Schedule D (Official<br>, Schedule E/F, or Schedule G to fil |
|                            |                       | : Your codebtor<br>per, Street, City, State and ZI | P Code  |   | Column 2: The cr<br>Check all schedul | editor to whom you owe the debt es that apply:   |
| 3.1                        |                       |  |   |   | ☐ Schedule D, lir                     | ne   |
| [0.,]                      | Name                  |  |   |   | ☐ Schedule E/F,                       |  |
|                            |                       |  |   |   | ☐ Schedule G, lir                     | ne   |
|                            | Number                | Street   |   |   | •                                     |  |
|                            | City                  |  | State   | ZIP Code  |                                       |  |
| 3.2                        |                       |  |   |   | ☐ Schedule D, lir                     | ne   |
| 5.2                        | Name                  |  |   |   | ☐ Schedule E/F,                       |  |
|                            |                       |  |   |   | ☐ Schedule G, lir                     | ne   |
|                            | Number                | Street   |   |   | 20                                    |  |
|                            | City                  |  | State   | ZIP Code  |                                       |  |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Fill               | in this information to   | identify your ca                    | se:  |  |                    | - F            |                     |                       |                         |                              |                 |
|--------------------|--|-------------------------------------|--|--|--------------------|----------------|---------------------|-----------------------|-------------------------|------------------------------|-----------------|
| Del                | btor 1   | Michael Sco                         | t Shields  |  |                    |                |                     |                       |                         |                              |                 |
|                    | btor 2<br>buse, if filing)                                       |                                     |  |  |                    | <u> </u>       |                     |                       |                         |                              |                 |
| Uni                | ted States Bankrupt  | cy Court for the:                   | CENTRAL DISTRICT   | OF CALIFORNIA                              |                    |                |                     |                       |                         |                              |                 |
|                    | se number<br>nown)   |                                     |  | 6  |                    |                | □ A<br>□ A          |                       | ed filing<br>ent showi  | ng postpetitior              |                 |
| 0                  | fficial Form   | 1061                                |  |  |                    |                | _                   |                       |                         | following date:              |                 |
|                    | chedule I: \   |                                     | ame.   |  |                    |                | M                   | M / DD/ Y             | YYY                     |                              | 12/1            |
| sup<br>spo<br>atta | plying correct info<br>use. If you are sep<br>ch a separate shee | rmation. If you a<br>arated and you | ible. If two married peo<br>are married and not filin<br>spouse is not filing wi<br>On the top of any addition | ng jointly, and your the you, do not inclu | spouse<br>de infor | is liv<br>mati | ving with ion about | you, incl<br>your spo | ude infor<br>ouse. If m | mation about<br>ore space is | your<br>needed, |
| 1.                 | Fill in your emplo   | pyment                              |  | Debtor 1                                   |                    |                |                     | Debtor 2              | or non-                 | filing spouse                |                 |
|                    | information.  If you have more t                                 | han one ioh                         |  | Employed                                   |                    |                |                     | □ Emple               |                         | illing spouse                |                 |
|                    | attach a separate information about                              | page with                           | Employment status  | ☐ Not employed                             |                    |                |                     | □ Not e               |                         |                              |                 |
|                    | employers.   |                                     | Occupation Handyman Worker / Odd J   |  |                    | lobs           |                     |                       |                         |                              |                 |
|                    | Include part-time,<br>self-employed wor                          |                                     | Employer's name  | Self Employed                              |                    |                |                     |                       |                         |                              |                 |
|                    | Occupation may ir or homemaker, if i                             |                                     | Employer's address   | 409 N. Pacific C<br>Redondo Beach          |                    |                |                     |                       |                         |                              |                 |
|                    |  |                                     | How long employed th   | nere? 3 mont                               | าร                 |                |                     | _                     |                         |                              |                 |
| Par                | t 2: Give Det  | ails About Mon                      | thly Income  |  |                    |                |                     |                       |                         |                              |                 |
|                    | mate monthly inco<br>use unless you are s                        |                                     | te you file this form. If y  | ou have nothing to re                      | eport for          | any            | line, write         | \$0 in the            | space. In               | clude your no                | n-filing        |
| If yo              | u or your non-filing s<br>e space, attach a se                   | spouse have mo<br>parate sheet to t | re than one employer, co<br>his form.  | mbine the information                      | n for all e        | empl           | oyers for t         | hat perso             | n on the I              | ines below. If               | you need        |
|                    |  |                                     |  |  |                    |                | For Deb             | tor 1                 |                         | ebtor 2 or<br>ing spouse     |                 |
| 2.                 |  |                                     | y, and commissions (be<br>alculate what the monthly  |  | 2.                 | \$             |                     | 300.00                | \$                      | N/A                          |                 |
| 3.                 | Estimate and list  | monthly overti                      | ne pay.  |  | 3.                 | +\$            |                     | 0.00                  | +\$                     | N/A                          |                 |
| 4.                 | Calculate gross I  | ncome. Add line                     | e 2 + line 3.  |  | 4.                 | \$             | 30                  | 0.00                  | \$                      | N/A                          |                 |

Official Form 106I Schedule I: Your Income page 1

# Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 31 of 58

| Debt | or 1               | Michael Scott Shields   |                                | Case n             | umber (if known)                       | -           |              |                           |        |
|------|--------------------|---|--------------------------------|--------------------|--|-------------|--------------|---------------------------|--------|
|      |                    |   |                                | For I              | Debtor 1                               |             |              | Debtor 2 or filing spouse |        |
|      | Cop                | by line 4 here  | 4.                             | \$                 | 300.00                                 |             | \$           | N/A                       |        |
| 5.   | Liet               | all payroll deductions:   |                                |                    |  |             |              |                           |        |
| J.   |                    |   | 5a.                            | \$                 | 0.00                                   |             | \$           | NI/A                      |        |
|      | 5a.                | Tax, Medicare, and Social Security deductions   | 5b.                            | \$<br>             | 0.00                                   |             | \$<br>—      | N/A                       |        |
|      | 5b.                | Mandatory contributions for retirement plans  | 5c.                            | \$                 | 0.00                                   |             | \$<br>       | N/A                       |        |
|      | 5c.                | Voluntary contributions for retirement plans  | 5d.                            | \$<br>             | 0.00                                   |             | \$<br>       | N/A                       |        |
|      | 5d.                | Required repayments of retirement fund loans  | 5a.<br>5e.                     | \$<br>             | 0.00                                   |             | φ            | N/A                       |        |
|      | 5e.                | Insurance   | 5f.                            | \$<br>             | 0.00                                   |             | \$<br>       | N/A                       |        |
|      | 5f.                | Domestic support obligations  | 51.<br>5g.                     | \$<br>             | 0.00                                   |             | \$<br>       | N/A                       |        |
|      | 5g.                | Union dues  | 5h.+                           | \$<br>             | 0.00                                   |             | 75.00        | N/A                       |        |
|      | 5h.                | Other deductions. Specify:  | - 511.+                        |                    |  | T           | 22           | N/A                       |        |
| 6.   |                    | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                             | \$                 | 0.00                                   |             | \$           | N/A                       |        |
| 7.   | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                             | \$                 | 300.00                                 |             | \$           | N/A                       |        |
| 8.   | List<br>8a.        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             |                                |                    |  |             |              |                           |        |
|      |                    | monthly net income.   | 8a.                            | \$                 | 0.00                                   |             | \$           | N/A                       |        |
|      | 8b.                | Interest and dividends  | 8b.                            | \$                 | 0.00                                   |             | \$           | N/A                       |        |
|      | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.                            | \$                 | 0.00                                   |             | \$           | N/A                       |        |
|      | 8d.                | Unemployment compensation   | 8d.                            | \$                 | 0.00                                   |             | \$           | N/A                       |        |
|      | 8e.                | Social Security   | 8e.                            | \$                 | 0.00                                   |             | \$           | N/A                       |        |
|      | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8f.                            | \$                 | 0.00                                   |             | \$           | N/A                       |        |
|      | 8g.                | Pension or retirement income  | 8g.<br>8h.+                    | <sup>Φ</sup>       | 0.00                                   |             | 3500         | N/A                       |        |
|      | 8h.                | Other monthly income. Specify:  | - "-                           | Ψ                  | 0.00                                   | Τ,          | Ψ            | N/A                       |        |
| 9.   | Add                | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                             | \$                 | 0.00                                   |             | \$           | N/A                       |        |
| 10   | Cal                | culate monthly income. Add line 7 + line 9.   | 10. \$                         |                    | 300.00 + \$                            |             |              | N/A = \$                  | 300.00 |
| 10.  |                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | - 1                            |                    | 300.00                                 | _           |              | 19/2                      | 500.00 |
| 11.  | Stat<br>Inclu      | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your friends or relatives.  In an include any amounts already included in lines 2-10 or amounts that are not a     | depend                         |                    |  |             |              | chedule J.<br>11. +\$     | 0.00   |
| 12.  | Add<br>Writ<br>app | I the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain lies  | ult is the<br>n <i>Liabili</i> | e coml<br>ities ar | bined monthly<br>nd Related <i>Dat</i> | inc<br>a, i | ome.<br>f it | 12. \$Combined            |        |
| 13.  | Do :               | you expect an increase or decrease within the year after you file this form?<br>No.   | ?                              |                    |  |             |              | monthly i                 | ncome  |
|      |                    | Yes. Explain: None.   |                                |                    |  |             |              |                           |        |

Official Form 106l Schedule I: Your Income page 2

| Fill     | in this information to identify your case:   |  |                              |   |   |
|----------|--|--|------------------------------|---|---|
| Deb      | otor 1 Michael Scott Shields   |  | Check                        | k if this is:   |   |
| D-1      | tu 0   |  | 1                            | An amended filing   |   |
| 10000000 | ouse, if filing)   |  |                              | A supplement show<br>I3 expenses as of t  | ring postpetition chapter the following date: |
|          |  |  |                              | 2000 - 200 <b>-</b> 200 - 200 |   |
| Unit     | ted States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORN  | IIA  | ľ                            | MM / DD / YYYY  |   |
| 13.333.5 | e number<br>known)   |  |                              |   |   |
| 0        | fficial Form 106J  |  |                              |   |   |
| S        | chedule J: Your Expenses   |  |                              |   | 12/15   |
| info     | as complete and accurate as possible. If two married people are fil<br>ormation. If more space is needed, attach another sheet to this form<br>mber (if known). Answer every question. | ling together, bo<br>m. On the top of      | oth are equa<br>any addition | lly responsible fon<br>nal pages, write y   | r supplying correct<br>our name and case      |
| Par      | t 1: Describe Your Household   |  |                              |   |   |
| 1.       | Is this a joint case?  |  |                              |   |   |
|          | No. Go to line 2.  |  |                              |   |   |
|          | Yes. Does Debtor 2 live in a separate household?   |  |                              |   |   |
|          | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for   | Separate Housel                            | hold of Debto                | or 2.   |   |
| 0        |  |  |                              |   |   |
| 2.       | Do you have dependents? ■ No   |  | 2021 12                      |   |   |
|          |  | Dependent's relation<br>Debtor 1 or Debtor |                              | Dependent's<br>age  | Does dependent live with you?                 |
|          | Do not state the   |  |                              |   | □ No  |
|          | dependents names.  |  |                              | <u></u>   | □Yes  |
|          |  |  |                              |   | □ No  |
|          | _  |  |                              |   | ☐ Yes   |
|          |  |  |                              |   | □ No<br>□ Yes                                 |
|          | _  |  |                              | 1   | □ Yes   |
|          |  |  |                              |   | ☐ Yes   |
| 3.       | Do your expenses include   |  |                              | ) <del></del>   | <b>—</b> 100                                  |
|          | expenses of people other than yourself and your dependents?  |  |                              |   |   |
|          | yoursen and your dependents:   |  |                              |   |   |
|          | t2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless you  | are using this fo                          | *** 00 0 0 III               | plament in a Char   | otes 10 coce to sevent                        |
| exp      | mate your expenses as of your bankruptcy filling date unless you ablenses as of a date after the bankruptcy is filed. If this is a supplem<br>plicable date.                           |  |                              |   |   |
|          | lude expenses paid for with non-cash government assistance if yo   |  |                              |   |   |
|          | value of such assistance and have included it on Schedule I: Your ficial Form 106I.)   | Income                                     |                              | Your expe   | nses  |
|          |  |  |                              |   |   |
| 4.       | The rental or home ownership expenses for your residence. Inclupayments and any rent for the ground or lot.  | ide first mortgage                         | 4. \$                        |   | 0.00  |
|          | If not included in line 4:   |  |                              |   |   |
|          | 4a. Real estate taxes  |  | 4a. \$                       |   | 0.00  |
|          | 4b. Property, homeowner's, or renter's insurance   |  | 4b. \$                       |   | 0.00  |
|          | 4c. Home maintenance, repair, and upkeep expenses  |  | 4c. \$                       |   | 0.00  |
| E        | 4d. Homeowner's association or condominium dues  | oquity loops                               | 4d. \$                       |   | 0.00  |
| 5.       | Additional mortgage payments for your residence, such as home  | equity loans                               | 5. \$                        |   | 0.00  |

| Deb | tor 1    | Michael      | Scott Shields  | Case num                | nber (if known)               |                            |
|-----|----------|--------------|--|-------------------------|-------------------------------|----------------------------|
|     |          |              |  |                         |                               |                            |
| 6.  | Utilitie |              | host natural gas   | 60                      | ¢                             | 0.00                       |
|     |          | •            | heat, natural gas  | 6a.<br>6b.              |                               | 0.00                       |
|     |          |              | wer, garbage collection  |                         |                               | 0.00                       |
|     |          |              | e, cell phone, Internet, satellite, and cable services   | 6c.                     |                               | 180.00                     |
| -   |          | Other. Spe   |  | 6d.                     |                               | 0.00                       |
| 7.  |          |              | ekeeping supplies  | 7.                      |                               | 200.00                     |
| 8.  |          |              | hildren's education costs  | 8.                      | V25                           | 0.00                       |
| 9.  |          |              | ry, and dry cleaning   | 9.                      |                               | 25.00                      |
|     |          | 100          | roducts and services   | 10.                     |                               | 25.00                      |
| 11. |          |              | ntal expenses  | 11.                     | \$                            | 0.00                       |
| 12. |          |              | Include gas, maintenance, bus or train fare.<br>ar payments.   | 12.                     | \$                            | 100.00                     |
| 13. |          |              | clubs, recreation, newspapers, magazines, and books  | 13.                     | \$                            | 0.00                       |
|     |          |              | ributions and religious donations  | 14.                     | \$                            | 0.00                       |
|     | Insura   |              |  |                         | 1.M.1 <sub>(2</sub>           | 0.00                       |
|     |          |              | surance deducted from your pay or included in lines 4 or 20.   |                         |                               |                            |
|     | 15a.     | Life insura  | nce  | 15a.                    | \$                            | 0.00                       |
|     | 15b.     | Health ins   | urance   | 15b.                    | \$                            | 0.00                       |
|     | 15c.     | Vehicle ins  | surance  | 15c.                    | \$                            | 0.00                       |
|     | 15d.     | Other insu   | rance. Specify:  | 15d.                    | \$                            | 0.00                       |
| 16. | Taxes    | . Do not in  | clude taxes deducted from your pay or included in lines 4 or 20.   |                         |                               |                            |
|     | Specif   |              | # Table 4 - 17 - 17 - 18 - 18 - 18 - 18 - 18 - 18  | 16.                     | \$                            | 0.00                       |
| 17. |          |              | ease payments:<br>ents for Vehicle 1   | 17a.                    | \$                            | 0.00                       |
|     |          |              | ents for Vehicle 2   | 17b.                    |                               | 0.00                       |
|     |          | Other. Spe   | ocify:   | 17c.                    |                               | 0.00                       |
|     |          | Other. Spe   |  | 17d.                    |                               | 0.00                       |
| 18. |          |              | of alimony, maintenance, and support that you did not report as  |                         | ***                           |                            |
|     | deduc    | ted from     | your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.                     | \$                            | 0.00                       |
| 19. | Other    | payments     | you make to support others who do not live with you.   |                         | \$                            | 0.00                       |
|     | Specify  |              |  | 19.                     |                               |                            |
| 20. |          |              | erty expenses not included in lines 4 or 5 of this form or on <i>Sche</i>  |                         |                               |                            |
|     |          |              | s on other property  | 20a.                    |                               | 0.00                       |
|     |          | Real estat   |  | 20b.                    |                               | 0.00                       |
|     |          |              | nomeowner's, or renter's insurance   | 20c.                    |                               | 0.00                       |
|     |          |              | ce, repair, and upkeep expenses  | 20d.                    |                               | 0.00                       |
|     | 20e.     | Homeown      | er's association or condominium dues   | 20e.                    | \$                            | 0.00                       |
| 21. | Other:   | : Specify:   | Exigent Circumstances  | 21.                     | +\$                           | 75.00                      |
| 22. | Calcul   | late your r  | monthly expenses   |                         |                               |                            |
|     |          | •            | through 21.  |                         | \$                            | 605.00                     |
|     | 22b. C   | opy line 2   | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |                         | \$                            | 333133                     |
|     |          |              | a and 22b. The result is your monthly expenses.  |                         | \$                            | 605.00                     |
|     |          |              | an an agus at tha ann an tha an  |                         |                               | 803.00                     |
| 23. |          |              | nonthly net income.  |                         |                               |                            |
|     |          |              | 12 (your combined monthly income) from Schedule I.   | 23a.                    | 20.0                          | 300.00                     |
|     | 23b.     | Copy your    | monthly expenses from line 22c above.  | 23b.                    | -\$                           | 605.00                     |
|     | 23c.     | Subtract v   | our monthly expenses from your monthly income.   |                         |                               |                            |
|     |          |              | is your monthly net income.  | 23c.                    | \$                            | -305.00                    |
| 24. | For exa  | ample, do yo | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your terms of your mortgage? | u file this<br>mortgage | s form?<br>payment to increas | e or decrease because of a |
|     | ☐ No.    |              |  |                         |                               |                            |
|     | Yes      | S.           | Explain here: Debtor's girlfriend helps with living expenses   | i.                      |                               |                            |

### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 34 of 58

| Fill in this inform | nation to identify your  | case:                      |                                |                        |  |  |
|---------------------|--------------------------|----------------------------|--------------------------------|------------------------|--|--|
| Debtor 1            | Michael Scott Shi        |                            |                                |                        |  |  |
|                     | First Name               | Middle Name                | Last Name                      |                        |  |  |
| Debtor 2            | First Name               | Middle Name                | Lost Name                      |                        |  |  |
| (Spouse if, filing) | riist Name               | Middle Name                | Last Name                      |                        |  |  |
| United States Ban   | kruptcy Court for the:   | CENTRAL DISTRICT O         | F CALIFORNIA                   |                        |  |  |
| Case number         |                          |                            |                                |                        |  |  |
| (if known)          |                          |                            |                                |                        | ☐ Check if this is an  |  |
|                     |                          |                            |                                |                        | amended filing   |  |
|                     |                          |                            |                                |                        |  |  |
|                     |                          |                            |                                |                        |  |  |
| Official Form       | 106Dec                   |                            |                                |                        |  |  |
| Declarati           | on About a               | n Individual               | <b>Debtor's Sc</b>             | hedules                | 12/15  |  |
|                     |                          |                            |                                |                        |  |  |
| If two married peo  | ople are filing together | r, both are equally respor | nsible for supplying corr      | ect information.       |  |  |
| Varr must file this | form who nover you fi    | la hankruntav aahadulaa    | or omended schedules           | Making a falsa atata   | ment, concealing property, or                                  |  |
|                     |                          |                            |                                |                        | onent, concealing property, or 0, or imprisonment for up to 20 |  |
|                     | U.S.C. §§ 152, 1341, 1   |                            | · up to y culo cult to cult to |                        | o, orpricommont for up to 20                                   |  |
|                     |                          |                            |                                |                        |  |  |
|                     |                          |                            |                                |                        |  |  |
| Sign                | Below                    |                            |                                |                        |  |  |
|                     |                          |                            |                                |                        |  |  |
| Did you pay         | or agree to pay some     | one who is NOT an attori   | ney to help you fill out ba    | ankruptcy forms?       |  |  |
| - No                |                          |                            |                                |                        |  |  |
| ■ No                |                          |                            |                                |                        |  |  |
|                     |                          |                            |                                |                        | ptcy Petition Preparer's Notice,                               |  |
|                     |                          |                            |                                | Declaration,           | and Signature (Official Form 119)                              |  |
|                     |                          |                            |                                |                        |  |  |
|                     |                          | that I have read the sumr  | mary and schedules filed       | l with this declaratio | n and  |  |
| that they are       | true and correct.        | / 5                        |                                |                        |  |  |
| x /                 |                          |                            | Х                              |                        |  |  |
|                     | Scott Shields            |                            | Signature of D                 | Debtor 2               |  |  |
|                     | e of Debtor 1            |                            | ****                           |                        |  |  |
|                     | NOV 0 2 2022             |                            | -                              |                        |  |  |

Date \_\_\_\_

Date \_\_\_\_

### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 35 of 58

| Fill         | in this inform                                  | ation to identify you                     | r case:  |   |   |   |
|--------------|---|---|--|---|---|---|
|              | otor 1  | Michael Scott S                           |  |   |   |   |
| 000          |   | First Name                                | Middle Name  | Last Name   |   |   |
|              | otor 2<br>use if, filing)                       | First Name                                | Middle Name  | Last Name   |   |   |
| Unit         | ed States Ban                                   | kruptcy Court for the:                    | CENTRAL DISTRICT OF  | CALIFORNIA  |   |   |
| Cas          | e number  |   |  |   |   |   |
| (if known)   |   |   |  |   |   | Check if this is an<br>amended filing           |
|              |   |   |  | ì   |   |   |
| Off          | ficial For                                      | m 107                                     |  |   |   |   |
| Sta          | atement (                                       | of Financial                              | Affairs for Individ  | duals Filing for E                                    | Bankruptcy  | 04/2  |
| infor<br>num | mation. If mo<br>ber (if known)                 | re space is needed,<br>. Answer every que | ible. If two married people a<br>attach a separate sheet to<br>stion.<br>arital Status and Where You | this form. On the top of an                           | equally responsible for si<br>y additional pages, write y | ipplying correct<br>our name and case           |
| NI SI        |   | current marital statu                     | ıs?  |   |   |   |
|              | _   |   |  |   |   |   |
|              | <ul><li>✓ Married</li><li>✓ Not marri</li></ul> | ed  |  |   |   |   |
| 2.           | During the las                                  | st 3 years, have you                      | lived anywhere other than  | where you live now?                                   |   |   |
|              | ■ No  |   |  |   |   |   |
|              | ☐ Yes. List                                     | all of the places you                     | ived in the last 3 years. Do n   | of include where you live nov                         | V.  |   |
|              | Debtor 1:                                       |   | Dates Debtor 1 lived there   | Debtor 2 Prior A                                      | ldress:   | Dates Debtor 2 lived there                      |
|              |   |   | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Ne                                      |   |   |   |
|              | ■ No  |   |  |   |   |   |
|              |   | e sure you fill out <i>Sci</i>            | nedule H: Your Codebtors (O  | fficial Form 106H).                                   |   |   |
| Part         | 2 Explain                                       | the Sources of You                        | r Income   |   |   |   |
|              | Fill in the total                               | amount of income yo                       | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv          | all businesses, including part                        | time activities.  | endar years?                                    |
|              | □ No  |   |  |   |   |   |
|              | Yes. Fill i                                     | n the details.                            |  |   |   |   |
|              |   |   | Debtor 1   |   | Debtor 2  |   |
|              |   |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                | Gross income (before deductions and exclusions) |
|              |   |   | ☐ Wages, commissions, bonuses, tips  | \$3,000.00  | ☐ Wages, commissions, bonuses, tips                       |   |
|              |   |   | Operating a business   |   | ☐ Operating a business                                    |   |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Des Main Document Page 36 of 58

Debtor 1 Michael Scott Shields Case number (if known) Debtor 1 Debtor 2 Sources of income Gross income Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$31,358.00 ☐ Wages, commissions, ☐ Wages, commissions, (January 1 to December 31, 2021) bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: \$146,653.00 ☐ Wages, commissions, ☐ Wages, commissions, (January 1 to December 31, 2020) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) For last calendar year: Unemployment \$16,979.00 (January 1 to December 31, 2021) Benefits Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you paylany creditor a total of \$7,575\* or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... still owe paid

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 37 of 58

| Det | otor 1         | Michael Scott Shields   |   | Case  | e number (if known)                       |  |                      |
|-----|----------------|---|---|---|---|--|----------------------|
|     |                |   |   |   |   |  |                      |
|     | Insid<br>of wi | nin 1 year before you filed for bankrupt<br>ders include your relatives; any general pa<br>hich you are an officer, director, person in<br>siness you operate as a sole proprietor. 1<br>ony. | ortners; relatives of any gen-<br>control, or owner of 20% or | eral partners; partne<br>more of their voting | rships of which you<br>securities; and an | u are a general pa<br>ny managing agen | it, including one fo |
|     |                | No  |   |   |   |  |                      |
|     |                | Yes. List all payments to an insider.   |   |   |   |  |                      |
|     | Insi           | ider's Name and Address   | Dates of payment  | Total amount paid                             | Amount you<br>still owe                   | Reason for this                        | payment              |
| 8.  | insid          | nin 1 year before you filed for bankrupt<br>der?<br>ude payments on debts guaranteed or cos   | 20 Mars 2000 20 40  | ments or transfer a                           | ny property on ac                         | count of a debt                        | that benefited ar    |
|     |                | No  |   |   |   |  |                      |
|     |                | Yes. List all payments to an insider  |   |   |   |  |                      |
|     | Insi           | ider's Name and Address   | Dates of payment  | Total amount paid                             | Amount you still owe                      | Reason for this                        |                      |
| Par | t 4:           | Identify Legal Actions, Repossession  | ns, and Foreclosures  |   |   |  |                      |
| 9.  | List a         | nin 1 year before you filed for bankrupt<br>all such matters, including personal injury<br>ifications, and contract disputes.   |   |   |   |  |                      |
|     |                | No<br>Yes. Fill in the details.   |   |   |   |  |                      |
|     | Cas            | se title<br>se number   | Nature of the case  | Court or agency                               |   | Status of the ca                       | ase                  |
| 10. | With           | nin 1 year before you filed for bankrupt<br>ck all that apply and fill in the details below   |   | rty repossessed, fo                           | oreclosed, garnisl                        | ned, attached, se                      | eized, or levied?    |
|     |                | No. Go to line 11.  |   |   |   |  |                      |
|     |                | Yes. Fill in the information below.   |   |   |   |  |                      |
|     | Cre            | editor Name and Address   | Describe the Property   |   | Date                                      |  | Value of the         |
|     |                |   | Explain what happened   |   |   |  | property             |
| 11. |                | nin 90 days before you filed for bankrup<br>ounts or refuse to make a payment bec<br>No   |   | uding a bank or fin                           | ancial institution,                       | set off any amo                        | unts from your       |
|     |                | Yes. Fill in the details.   |   |   |   |  |                      |
|     | Cre            | editor Name and Address   | Describe the action the                                       | creditor took                                 | Date a taken                              | action was                             | Amoun                |
| 12. |                | nin 1 year before you filed for bankrupt<br>rt-appointed receiver, a custodian, or a  |   | rty in the possession                         | on of an assignee                         | for the benefit o                      | of creditors, a      |
|     |                | No<br>Yes   |   |   |   |  |                      |
| Par | t 5:           | List Certain Gifts and Contributions  |   |   |   |  |                      |
|     |                |   | A did ain a ann aithe   | ish a kakal valva s                           | of more than \$500                        |  |                      |
| 13. | With           | nin 2 years before you filed for bankrup<br>No  | tcy, did you give any gifts                                   | s with a total value o                        | or more than \$600                        | per person?                            |                      |
|     |                | Yes. Fill in the details for each gift.   |   |   |   |  |                      |
|     | Giff           | ts with a total value of more than \$600 person   | Describe the gifts  |   | Dates<br>the git                          | you gave<br>fts                        | Value                |
|     | Per            | rson to Whom You Gave the Gift and<br>dress:  |   |   |   |  |                      |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 38 of 58

| De  | btor 1 Michael Scott Shields   |  | Case number (if known)   |                          |
|-----|--|--|--|--------------------------|
|     |  |  |  |                          |
| 14. | ■ No   | ruptcy, did you give any gifts or contribution   | ons with a total value of more than  | ı \$600 to any charity?  |
|     | Yes. Fill in the details for each gift or o  |  |  |                          |
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod           | •  | Dates you<br>contributed   | Value                    |
| Pai | rt 6: List Certain Losses  |  |  |                          |
| 15. | Within 1 year before you filed for bankru<br>or gambling?  | uptcy or since you filed for bankruptcy, did   | I you lose anything because of the   | ft, fire, other disaster |
|     | ■ No   |  |  |                          |
|     | ☐ Yes. Fill in the details.  |  |  |                          |
|     | Describe the property you lost and   | Describe any insurance coverage for the  | loss Date of your  | Value of property        |
|     | how the loss occurred  | Include the amount that insurance has paid insurance claims on line 33 of Schedule A/E                                       |  | lost                     |
| Pa  | rt 7: List Certain Payments or Transfer  | s  |  |                          |
| 16. | consulted about seeking bankruptcy or  | uptcy, did you or anyone else acting on you preparing a bankruptcy petition? preparers, or credit counseling agencies for so |  | erty to anyone you       |
|     | □ No   |  |  |                          |
|     | Yes. Fill in the details.  |  |  |                          |
|     | Person Who Was Paid  | Description and value of any pro   | pperty Date payment  | Amount of                |
|     | Address Email or website address Person Who Made the Payment, if Not   | transferred  | or transfer was<br>made  | payment                  |
|     | James C. Shields, Esq.<br>21707 Hawthorne Blvd. #204<br>Torrance, CA 90503<br>enotice@shieldslaw.net                               | \$3500.00 plus filing fees and   | costs. 2021  | \$3,888.00               |
|     | CIN Legal Data Services<br>4540 Honeywell Court<br>Dayton, OH 45424  | \$50   | 2022   | \$50.00                  |
| 17. | Within 1 year before you filed for bankru<br>promised to help you deal with your cre<br>Do not include any payment or transfer tha | uptcy, did you or anyone else acting on you<br>ditors or to make payments to your credito<br>t you listed on line 16.        | ur behalf pay or transfer any prope<br>ors?                                | erty to anyone who       |
|     | ■ No   |  |  |                          |
|     | ☐ Yes. Fill in the details.  |  |  |                          |
|     | Person Who Was Paid<br>Address   | Description and value of any pro<br>transferred  | pperty Date payment<br>or transfer was<br>made                             | Amount of<br>payment     |
| 18. | transferred in the ordinary course of yo   | s made as security (such as the granting of a  |  |                          |
|     | Yes. Fill in the details.  |  |  |                          |
|     | Person Who Received Transfer<br>Address  | Description and value of property transferred  | Describe any property or<br>payments received or debts<br>paid in exchange | Date transfer was made   |
|     | Person's relationship to you   |  | paid in excitatinge  |                          |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 39 of 58

| Del | otor 1                   | Michael Scott Shields   |   |                                    | Case nur                 | mber (if known)   |   |
|-----|--------------------------|---|---|------------------------------------|--------------------------|---|---|
|     |                          |   |   |                                    |                          |   |   |
| 19. | benef                    | n 10 years before you filed for bankrup<br>ficiary? (These are often called asset-pro   | etcy, did you transfer ar<br>etection devices.)                   | ny property to a                   | a self-settle            | ed trust or similar device                                    | of which you are a                            |
|     | 1000000                  | √os. Fill in the details.   |   |                                    |                          |   |   |
|     |                          | e of trust  | Description and v   | value of the pro                   | perty tran               | sferred   | Date Transfer was made                        |
| Par | t 8:                     | List of Certain Financial Accounts, Ins   | struments, Safe Deposi  | t Boxes, and S                     | torage Uni               | its   |   |
| 20. | sold,<br>Includ<br>house | n 1 year before you filed for bankrupto<br>moved, or transferred?<br>de checking, savings, money market, o<br>es, pension funds, cooperatives, asso<br>No | or other financial accou  | nts; certificates                  | s of depos               |   |   |
|     |                          | Yes. Fill in the details.   |   |                                    |                          | 405 KS - 94   |   |
|     |                          | e of Financial Institution and<br>ress (Number, Street, City, State and ZIP   | Last 4 digits of<br>account number                                | Type of acco<br>instrument         | unt or                   | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
| 21. |                          | ou now have, or did you have within 1 y<br>or other valuables?  | year before you filed fo  | r bankruptcy, a                    | ny safe de               | eposit box or other depo                                      | sitory for securities,                        |
|     |                          | No<br>Yes. Fill in the details.   |   |                                    |                          |   |   |
|     | 14000000000              | e of Financial Institution<br>ress (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, State and ZIP Code)          |                                    | Describe                 | e the contents  | Do you still have it?                         |
| 22. | Have                     | you stored property in a storage unit of  | or place other than you   | r home within                      | i year befo              | ore you filed for bankrup                                     | tcy?  |
|     |                          | No  |   |                                    |                          |   |   |
|     |                          | Yes. Fill in the details.   |   |                                    |                          |   |   |
|     |                          | e of Storage Facility<br>ress (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number, State and ZIP Code) |                                    | Describe                 | e the contents  | Do you still<br>have it?                      |
| Pa  | rt 9:                    | Identify Property You Hold or Control   | for Someone Else  |                                    |                          |   |   |
| 23. |                          | ou hold or control any property that so<br>omeone.  | meone else owns? Incl   | lude any prope                     | rty you bo               | rrowed from, are storing                                      | for, or hold in trust                         |
|     | 100-100 ASS              | No<br>Yes. Fill in the details.   |   |                                    |                          |   |   |
|     |                          | ner's Name<br>ress (Number, Street, City, State and ZIP Code)   | Where is the pro<br>(Number, Street, City,<br>Code)               |                                    | Describe                 | e the property  | Value   |
| Pa  | rt 10:                   | Give Details About Environmental Inf  | ormation  |                                    |                          |   |   |
| For | the pu                   | urpose of Part 10, the following definiti   | ons apply:  |                                    |                          |   |   |
|     | Envir                    | ronmental law means any federal, state<br>substances, wastes, or material into t  | e, or local statute or reg<br>he air, land, soil, surfac          | julation concer<br>ce water, groun | ning pollu<br>dwater, or | tion, contamination, rele                                     | ases of hazardous or<br>g statutes or         |

- regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 40 of 58

| Del | btor 1 Michael Scott Shields   | C  | Case number (if known)   |   |  |  |
|-----|--|--|--|---|--|--|
|     |  |  | ,  |   |  |  |
| 24. | Has any governmental unit notified you that y  | ou may be liable or potentially liable ur                            | nder or in violation of an environmental law?                                    |   |  |  |
|     | ■ No   |  |  |   |  |  |
|     | Yes. Fill in the details.  |  |  |   |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you Date of notice know it                                 | , |  |  |
| 25. | Have you notified any governmental unit of a   | ny release of hazardous material?                                    |  |   |  |  |
|     | ■ No   |  |  |   |  |  |
|     | ☐ Yes. Fill in the details.  |  |  |   |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you Date of notice know it                                 | , |  |  |
| 26. | 6. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. |  |  |   |  |  |
|     | ■ No   |  |  |   |  |  |
|     | ☐ Yes. Fill in the details.  |  |  |   |  |  |
|     | Case Title<br>Case Number  | Court or agency N<br>Name<br>Address (Number, Street, City,          | lature of the case Status of the case  |   |  |  |
|     |  | State and ZIP Code)  |  |   |  |  |
| Pai | rt 11: Give Details About Your Business or C   | onnections to Any Business   |  |   |  |  |
| 27. | Within 4 years before you filed for bankrupto  | v. did vou own a business or have any                                | of the following connections to any business?                                    |   |  |  |
| 21. | ☐ A sole proprietor or self-employed in  |  |  |   |  |  |
|     | ☐ A member of a limited liability compa  |  |  |   |  |  |
|     |  | ny (EEO) or minica nabinty partnersing                               |  |   |  |  |
|     | ☐ A partner in a partnership   |  |  |   |  |  |
|     | ☐ An officer, director, or managing exec   |  |  |   |  |  |
|     | ☐ An owner of at least 5% of the voting  | or equity securities of a corporation                                |  |   |  |  |
|     | ☐ No. None of the above applies. Go to Pa  | rt 12.   |  |   |  |  |
|     | Yes. Check all that apply above and fill in  | n the details below for each business.                               |  |   |  |  |
|     | Business Name<br>Address   | Describe the nature of the business                                  | Employer Identification number<br>Do not include Social Security number or ITIN. |   |  |  |
|     |  | Name of accountant or bookkeeper                                     |  |   |  |  |
|     | Eco Nuto Inc   | Sales of Organic Laundry   | Dates business existed EIN: 45-3590736   |   |  |  |
|     |  | Detergent  |  |   |  |  |
|     | Redondo Beach, CA 90277  |  | From-To 2009 - 3/2022  |   |  |  |
| 28. | Within 2 years before you filed for bankruptc institutions, creditors, or other parties.   | y, did you give a financial statement to                             | anyone about your business? Include all financial                                |   |  |  |
|     | No   |  |  |   |  |  |
|     | ☐ Yes. Fill in the details below.  |  |  |   |  |  |
|     | Name<br>Address<br>(Number, Street, City, State and ZIP Code)  | Date Issued  |  |   |  |  |

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 41 of 58

| Debtor 1                  | Michael Scott Shields                          | Case number (if known  | )                    |
|---------------------------|--|--|----------------------|
|                           |  |  |                      |
| Part 12:                  | Sign Below                                     |  |                      |
| are true ar<br>with a ban |  | ffairs and any attachments, and I declare under per<br>tement, concealing property, or obtaining money o<br>, or imprisonment for up to 20 years, or both. |                      |
|                           | Scott Shields<br>of Debtor 1                   | Signature of Debtor 2  |                      |
| Date                      | NOV 0 2 2022                                   | Date   |                      |
| Did you at ■ No □ Yes     | tach additional pages to Your Statement of Fin | ancial Affairs for Individuals Filing for Bankruptcy   | (Official Form 107)? |
| Did you pa                | ay or agree to pay someone who is not an attor | ney to help you fill out bankruptcy forms?   |                      |
| ☐ Yes. Na                 | me of Person Attach the Bankruptcy Petit       | ion Preparer's Notice, Declaration, and Signature (Offi  | cial Form 119).      |

### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 42 of 58

| Fill in this inform   | nation to identify your o  | ase:                |   |  |  |  |  |
|---|--|---------------------|---|--|--|--|--|
| Debtor 1  | Michael Scott Shio   | elds                |   |  |  |  |  |
|   | First Name   | Middle Name         | Last Name   |  |  |  |  |
| Debtor 2<br>(Spouse if, filing)   | First Name   | Middle Name         | Last Name   |  |  |  |  |
| United States Ba  | nkruptcy Court for the:  | CENTRAL DISTR       | ICT OF CALIFORNIA   |  |  |  |  |
| Case number<br>(if known)   |  |                     |   | ☐ Check if this is an amended filing                     |  |  |  |
| Official Fo   |  | n for Indiv         | riduals Filing Under Chapte   | er 7 12/15   |  |  |  |
| you have leas You must file this whiche on the  If two married pe sign an | If you are an individual filing under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or  you have leased personal property and the lease has not expired.  You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). |                     |   |  |  |  |  |
|   | our Creditors Who Have   |                     | . Creditors Who House Claims Secured by Bropart   | v (Official Form 106D) fill in the                       |  |  |  |
| 1. For any credit   |  | ert 1 of Schedule D | : Creditors Who Have Claims Secured by Propert  | y (Official Form 100D), fill in the                      |  |  |  |
| Identify the cre  | editor and the property th   | nat is collateral   | What do you intend to do with the property that secures a debt?   | t Did you claim the property<br>as exempt on Schedule C? |  |  |  |
| Creditor's name:  |  |                     | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □ No   |  |  |  |
| Description of property securing debt:                                    |  |                     | <ul> <li>□ Retain the property and enter into a<br/>Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>   | ☐ Yes  |  |  |  |
|   |  |                     |   |  |  |  |  |
| Creditor's  |  |                     | ☐ Surrender the property.   | □ No   |  |  |  |
| name:  Description of property  |  |                     | <ul> <li>☐ Retain the property and redeem it.</li> <li>☐ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☐ Retain the property and [explain]:</li> </ul> | Yes  |  |  |  |
| securing debt:  |  |                     |   |  |  |  |  |
| Creditor's  |  |                     | ☐ Surrender the property.   | □ No   |  |  |  |
| name:   |  |                     | ☐ Retain the property and redeem it.  |  |  |  |  |
| Description of  |  |                     | Retain the property and enter into a Reaffirmation Agreement.   | ☐ Yes  |  |  |  |

 $\square$  Surrender the property.

☐ Retain the property and [explain]:

☐ No

Creditor's

property securing debt:

# Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 43 of 58

| Debtor 1 Michael Scott Shields  | Case number (if known)  |                                 |
|---|---|---------------------------------|
| name:  Description of property securing debt:   | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | □ Yes                           |
| Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in the information below. Do not list real estate leases. Une You may assume an unexpired personal property lease if the | xpired leases are leases that are still in effect; the le trustee does not assume it. 11 U.S.C. § 365(p)(2)   | lease period has not yet ended. |
| Describe your unexpired personal property leases  |   | Vill the lease be assumed?      |
| Lessor's name: Description of leased Property:  |   | □ No<br>□ Yes                   |
| Lessor's name:<br>Description of leased<br>Property:  |   | □ No<br>□ Yes                   |
| Lessor's name: Description of leased Property:  |   | □ No<br>□ Yes                   |
| Lessor's name: Description of leased Property:  |   | □ No<br>□ Yes                   |
| Lessor's name: Description of leased Property:  |   | □ No<br>□ Yes                   |
| Lessor's name: Description of leased Property:  |   | □ No<br>□ Yes                   |
| Lessor's name: Description of leased Property:  |   | □ No                            |

## Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 44 of 58

| Debi  | Michael Scott Shields  | Case number (if known)   |
|-------|--|--|
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
| Part  | 3: Sign Below  |  |
|       |  |  |
| Unde  | r penalty of perjury, I declare that I have indicated my intention | n about any property of my estate that secures a debt and any personal |
| prope | erty that is subject to an unexpired lease.                        |  |
|       |  | v  |
| X     | 18 1 9   | X  |
|       | Michael Scott Shields  | Signature of Debtor 2  |
|       | Signature of Debtor 1  |  |
|       | NOV 0 2 2022   |  |
|       | Date   | Date   |
|       |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapt | er 7: | Liquidation        |  |
|-------|-------|--------------------|--|
|       | \$245 | filing fee         |  |
|       | \$78  | administrative fee |  |
| +     | \$15  | trustee surcharge  |  |
|       | \$338 | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee + \$78 administrative fee \$278 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee + \$78 administrative fee \$313 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 49 of 58

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Central District of California

| In re       | Michael Scott Shields  |  | Case No.   |  |
|-------------|--|--|--|--|
|             |  | Debtor(s)  | Chapter  | 7  |
|             | DISCLOSURE OF CO   | MPENSATION OF ATTOR  | NEY FOR D  | EBTOR(S)   |
| C           | ursuant to 11 U .S.C. § 329(a) and Fed. Bankr. compensation paid to me within one year before e rendered on behalf of the debtor(s) in contem  | the filing of the petition in bankruptcy, o  | r agreed to be pai                                       | d to me, for services rendered or to                       |
|             | For legal services, I have agreed to accept  |  | \$   | 3,500.00   |
|             | Prior to the filing of this statement I have re  | eceived  | \$   | 3,500.00   |
|             | Balance Due  |  | . \$   | 0.00   |
| 2. T        | he source of the compensation paid to me was:  |  |  |  |
|             | ■ Debtor □ Other (specify):  |  |  |  |
| в. Т        | he source of compensation to be paid to me is:   |  |  |  |
|             | ■ Debtor □ Other (specify):  |  |  |  |
| . I         | I have not agreed to share the above-disclos   | ed compensation with any other person u  | nless they are mer                                       | nbers and associates of my law firm.                       |
|             | I have agreed to share the above-disclosed copy of the agreement, together with a list of  |  |  |  |
| i. I        | n return for the above-disclosed fee, I have agr   | eed to render legal service for all aspects  | of the bankruptcy  | case, including:   |
| b.<br>c.    | Analysis of the debtor's financial situation, a Preparation and filing of any petition, schedu Representation of the debtor at the meeting of [Other provisions as needed]   | iles, statement of affairs and plan which n  | nay be required;   | * **   |
| <b>Б.</b> В | any other adversary proceeding.<br>planning; preparation and filing of   | losed fee does not include the following s<br>any dischargeability actions, judici<br>Negotiations with secured creditor<br>of reaffirmation agreements and ap<br>(f)(2)(A) for avoidance of liens on ho | al lien avoidand<br>s to reduce to re<br>dications as ne | narket value; exemption<br>eded; preparation and filing of |
|             |  | CERTIFICATION  |  |  |
|             | certify that the foregoing is a complete statement of the complete sta | ent of any agreement or arrangement for p  | ayment to me for   | representation of the debtor(s) in                         |
| -           | NOV 0 2 2022   |  | -  |  |
| Da          | tte  | James C. Shields 1<br>Signature of Attorney  | 86836  |  |
|             |  | Law Offices of Jam   |  |  |
|             |  | 21707 Hawthorne E  |  | 204  |
|             |  | Torrance, CA 9050<br>310-540-6792 Fax:   |  |  |
|             |  | James@shieldslaw   |  |  |
|             |  | Name of law firm   |  |  |
|             |  |  |  |  |

# Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 50 of 58

| Fill in this information to identify your case:   | Check one box only as directed in this form and in Form   |
|---|---|
| Debtor 1 Michael Scott Shields  | 122A-1Supp:   |
| Debtor 2  | ■ 1. There is no presumption of abuse   |
| (Spouse, if filing)   |   |
| United States Bankruptcy Court for the: Central District of California  | <ul> <li>☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).</li> </ul> |
| Case number(if known)   | ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.  |
|   | ☐ Check if this is an amended filing  |
| Official Form 122A - 1  |   |
| Chapter 7 Statement of Your Current Month   | hly Income 12/19  |
| Be as complete and accurate as possible. If two married people are filing together, bo attach a separate sheet to this form. Include the line number to which the additional incase number (if known). If you believe that you are exempted from a presumption of a qualifying military service, complete and file Statement of Exemption from Presumption Part 1:  Calculate Your Current Monthly Income | nformation applies. On the top of any additional pages, write your name and abuse because you do not have primarily consumer debts or because of                    |
| What is your marital and filing status? Check one only.   |   |
| ☐ Not married. Fill out Column A, lines 2-11.   |   |
| ☐ Married and your spouse is filing with you. Fill out both Columns A a   | and B, lines 2-11.  |
| ☐ Married and your spouse is NOT filing with you. You and your spo  |   |
| ☐ Living in the same household and are not legally separated. Fill of   |   |
| ☐ Living separately or are legally separated. Fill out Column A, lines penalty of perjury that you and your spouse are legally separated un living apart for reasons that do not include evading the Means Test re  | der nonbankruptcy law that applies or that you and your spouse are  |
| Fill in the average monthly income that you received from all sources, derived dur 101(10A). For example, if you are filing on September 15, the 6-month period would be the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. spouses own the same rental property, put the income from that property in one column   | March 1 through August 31. If the amount of your monthly income varied during<br>Do not include any income amount more than once. For example, if both              |
|   | Column A Column B Debtor 1 Debtor 2 or non-filing spouse  |
| <ol><li>Your gross wages, salary, tips, bonuses, overtime, and commissions<br/>payroll deductions).</li></ol>   | (before all \$ \$   |
| Alimony and maintenance payments. Do not include payments from a sp. Column B is filled in.   | pouse if \$\$   |
| 4. All amounts from any source which are regularly paid for household of you or your dependents, including child support. Include regular corfrom an unmarried partner, members of your household, your dependents, and roommates. Include regular contributions from a spouse only if Column filled in. Do not include payments you listed on line 3.  | ntributions<br>parents,   |
| 5. Net income from operating a business, profession, or farm  |   |
| Debtor  | 1   |
| Gross receipts (before all deductions)  |   |
| Ordinary and necessary operating expenses -\$   |   |
|   | ppy here -> \$  |
| Net income from rental and other real property     Debtor   | 1   |
|   | 1   |
| Gross receipts (before all deductions) \$   |   |
| Ordinary and necessary operating expenses   | ppy here -> \$  |
| Tree months in one remarks of outer real property   | •   |
| 7. Interest, dividends, and royalties   | \$  |

#### Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 51 of 58

Michael Scott Shields Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for + \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) x 12 12b. The result is your annual income for this part of the form 12b 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. Michael Scott Shields Signature of Debtor 1 MM / DD / YYYY

Official Form 122A-1

## Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 52 of 58

| Debtor 1 | Michael Scott Shields   | Case number (if known) |  |
|----------|---|------------------------|--|
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.             |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form. |                        |  |

| Fill in this inform                                    | ation to identify your case:  |   |
|--|---|---|
| Debtor 1 M   | lichael Scott Shields   |   |
| Debtor 2<br>(Spouse, if filing)                        |   |   |
| United States Ban                                      | kruptcy Court for the: Central District of California   |   |
| Case number(if known)                                  |   | ☐ Check if this is an amended filing  |
| (II KIIOWII)   |   |   |
| Official For   | m 122A - 1Supp  |   |
| condition and  | of Exemption from Presumption of A  | buse Under § 707(b)(2) 12/1   |
| exempted from a pexclusions in this required by 11 U.S | ent together with Chapter 7 Statement of Your Current Monthly Incoresumption of abuse. Be as complete and accurate as possible. statement applies to only one of you, the other person should cool.C. § 707(b)(2)(C).   | If two married people are filing together, and any of the   |
| Are your dek<br>personal, fam                          | ots primarily consumer debts? Consumer debts are defined in 11 U. illy, or household purpose." Make sure that your answer is consistent v ling for Bankruptcy (Official Form 1).  | S.C. § 101(8) as "incurred by an individual primarily for a with the answer you gave at line 16 of the <i>Voluntary Petition for</i>  |
| ■ No. Go to supp                                       | o Form 122A-1; on the top of page 1 of that form, check box 1, <i>There is</i> blement with the signed Form 122A-1.   | s no presumption of abuse, and sign Part 3. Then submit this  |
|  | sabled veteran (as defined in 38 U.S.C. § 3741(1))?   |   |
| □ No. Go t   | Section of Section (Control of Section Control of Section Section Section (Control of Section |   |
|  | you incur debts mostly while you were on active duty or while you were .S.C. § 101(d)(1); 32 U.S.C. § 901(1).   | performing a homeland defense activity?   |
| ☐ No.  | Go to line 3.   |   |
| ☐ Yes.   | Go to Form 122A-1: on the top of page 1 of that form, check box 1, 7 submit this supplement with the signed Form 122A-1.  | There is no presumption of abuse, and sign Part 3. Then   |
| 3. Are you or h  | ave you been a Reservist or member of the National Guard?   |   |
|  | mplete Form 122A-1. Do not submit this supplement.  |   |
| 170-170-170-170-170-170-170-170-170-170-               | re you called to active duty or did you perform a homeland defense ac   | tivity? 10 U.S.C. § 101(d)(1): 32 U.S.C. § 901(1).  |
| □ No.  | Complete Form 122A-1. Do not submit this supplement.  | (-)(-)  |
| ☐ Yes.   | Check any one of the following categories that applies:   |   |
|  | I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.   | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, <i>The Means Test does not apply now</i> , and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii). |
|  | I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case.   |   |
|  | I am performing a homeland defense activity for at least 90 days  |   |
|  | I performed a homeland defense activity for at least 90 days,   | 6.0.0. 3 101(0)(2)(0)(1).   |
|  |   |   |

ending on

file this bankruptcy case.

, which is fewer than 540 days before I

If your exclusion period ends before your case is closed, you may have to file an amended form later.

## Case 2:22-bk-17077-SK Doc 1 Filed 12/30/22 Entered 12/30/22 09:38:45 Desc Main Document Page 54 of 58

| Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address James C. Shields 186836 21707 Hawthorne Boulevard Suite 204 Torrance, CA 90503-7010 310-540-6792 Fax: 310-540-6793 California State Bar Number: 186836 CA James@shieldslaw.net | FOR COURT USE ONLY   |
|---|--|
| ☐ Debtor(s) appearing without an attorney   |  |
| Attorney for Debtor   |  |
|   | CASE NO.: CHAPTER: 7   |
| Debtor(s).  | VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]   |
| Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attor master mailing list of creditors filed in this bankruptcy case, consistent with the Debtor's schedules and I/we assume all r   | consisting of 4 sheet(s) is complete, correct, and   |
| Date:   | Signature of Debtor 2 (joint debtor) ) (if applicable)  Signature of Attorney for Debtor (if applicable) |

Michael Scott Shields 409 N. Pacific Coast Hwy. #469 Redondo Beach, CA 90277

James C. Shields Law Offices of James C. Shields 21707 Hawthorne Boulevard Suite 204 Torrance, CA 90503-7010

US Trustee 915 Wilshire Blvd., Suite 1850 Los Angeles, CA 90017 Amex/Bankruptcy Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Capital One Attn: Bnakruptcy P.O. Box 30285 Salt Lake City, UT 84130

CDC Business Finance 2448 Historic Decatur Rd. #200 San Diego, CA 92106

Chase Card Services Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850

Corporate Turnaround 95 N State Rt 17 Paramus, NJ 07652

FedEx P.O. Box 1140 Memphis, TN 38101-1140

Fundbox 6900 Dallas Parkway, STE 700 Plano, TX 75024

Goldman Sachs Bank USA Lockbox 6112 Philadelphia, PA 19170 Internal Revenue Service Insolvency Unit 300 N. Los Angeles St., Stop 5022 Los Angeles, CA 90012

Kabagge Loan P.O. Box 981535 El Paso, TX 79998-1535

Lois Weiss 103 River Street Tarrytown, NY 10591

Mona Weiss 11300 Somerset Dr. #343 North Royalton, OH 44133

Paypal PO Box 660433 Dallas, TX 75266

Shopify 777 S. Alameda St. Los Angeles, CA 90021

Spectrum PO Box 60074 City of Industry, CA 91716

Synchrony/PayPal Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 The CBE Group 131 Tower Park, Ste 100 PO Box 2217 Waterloo, IA 50704

US Small Business Administration Attn: Bankruptcy 409 3rd St, Sw Washington, DC 20416